



G2079/3

MEDICAL SOCIETY
OF LONDON



ACCESSION NUMBER

PRESS MARK

BABINGTON, W. and CURRY, J.

R. Hull

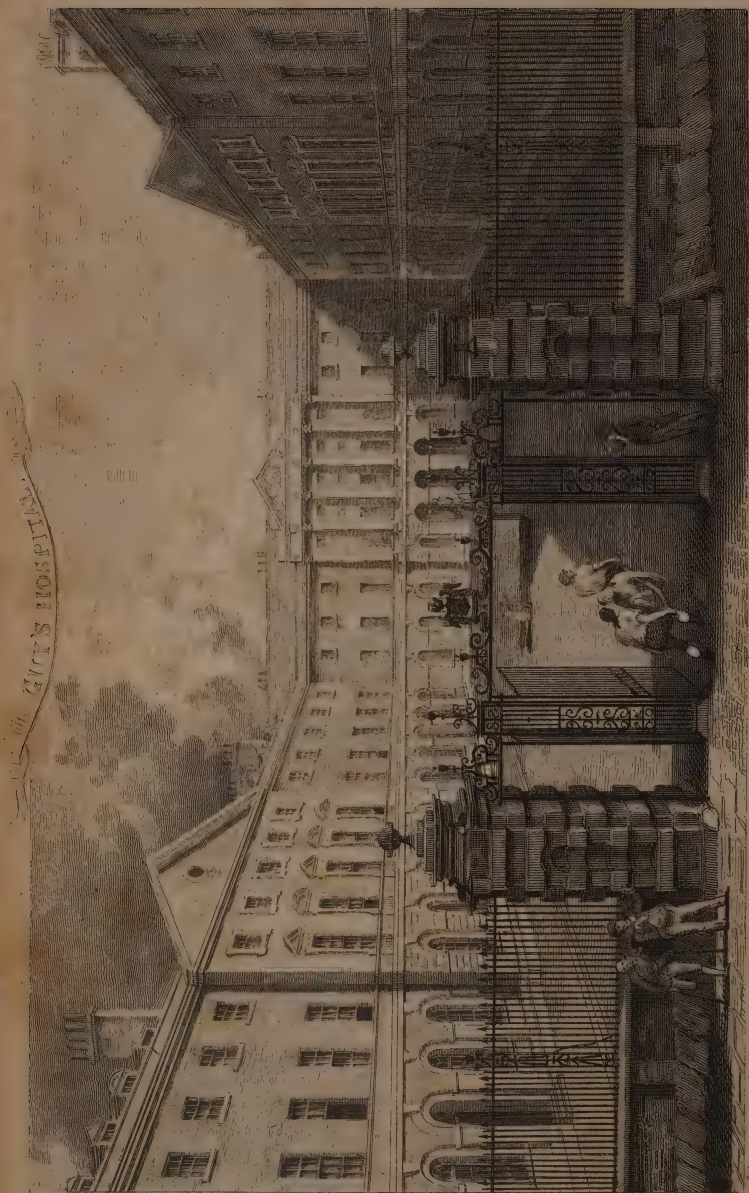
1815

1841.

11. 11. 9
10







S. R. de la Roche del. & sculp.

OUTLINES
OF
A COURSE OF LECTURES
ON THE
PRACTICE OF MEDICINE,
AS DELIVERED IN
THE MEDICAL SCHOOL
OF
Guy's Hospital,

BY
WILLIAM BABINGTON, M.D. F.R.S. &c,
AND
JAMES CURRY, M.D. F.A.S. &c.
PHYSICIANS TO THE HOSPITAL.

Forsan et hoc olim meminisse juvabit. VIRG.

London :

PRINTED BY J. M'CREEERY, BLACK-HORSE-COURT,
FLEET-STREET.

1811.

TO
WILLIAM SAUNDERS, M.D. F.R.S.
&c, &c, &c.
THE FIRST INSTITUTOR
OF
The Medical School of Guy's Hospital;
THESE OUTLINES ARE DEDICATED,
IN TESTIMONY
OF THAT RESPECT, ESTEEM, AND GRATITUDE,
WITH WHICH HE MUST EVER BE
REGARDED BY,
HIS SUCCESSORS, AND OBLIGED SERVANTS,
WILLIAM BABINGTON
AND
JAMES CURRY.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

RECEIVED

NOV 10 1954

CHICAGO, ILLINOIS

RECEIVED

NOV 10 1954

TABLE OF CONTENTS.

	Page		Page
INTRODUCTION.		Inquiry into the Nature	
OF Disease in general	1	of Fever - - - -	22
Of the Nosological Ar-		Of the Change termed	
rangement of Dis-		Crisis, in Fever - -	26
eases - - - -	2	Of Critical Discharges	
		in Fever - - - -	31
OF FEVER IN GENERAL.		General Prognosis in	
Essential Symptoms of		Fever - - - -	33
Fever - - - -	2	General Diagnosis of	
General Division of		Fever - - - -	35
Fever - - - -	7	General Cure of Fever	36
General Causes of Fe-			
ver - - - -	8	PARTICULAR FEVERS.	
Principal Doctrines re-		Of Synocha, or Simple	
specting Fever - -	17	Inflammatory Fever	48
Doctrine of Hippo-		Of Synochus, or Sub-	
crates - - - -	17	Inflammatory Fever	49
———of Boerhaave	18	Of Intermitting and	
———of Hoffman	19	Remitting Fevers -	50
———of Cullen -	19	Of the Bilious Remit-	
———of Brown -	21	ting, or Endemic	
———Of Darwin -	22	Tropical Fever - -	54

TABLE OF CONTENTS.

	Page		Page
Of the Typhus Ictero-		Different Opinions re-	
rodes, or Malignant		specting the Nature	
Yellow Fever - -	55	and Formation of	
Of the Slow Nervous		Pus - - - - -	70
Fever - - - -	58	Of Gangrene and Spha-	
Of Typhus Fever - -	59	celus - - - - -	71
		Of Scirrhus - - - -	71
		General Cure of Inflam-	
OF INFLAMMATION IN		mation - - - - -	72
GENERAL.		Treatment of Suppu-	
Boerhaave's Theory of		ration - - - - -	73
Inflammation - -	62	———of Gangrene	74
Dr. Cullen's - - -	64	———of Scirrhus -	74
Dr. Fowler's - - -	64		
Dr. Vacca's - - -	65	OF THE PHLEGMASIÆ,	
A New Theory pro-		Or Inflammation of	
posed - - - - -	66	Parts with General	
Remote Causes of In-		Febrile State - -	75
flammation - - -	66	General Character of	
Division of Inflamma-		the Phlegmasiæ -	75
tion into the Tonic		Treatment of the	
and Atonic Forms -	68	Phlegmasiæ in ge-	
Explanation of the		neral - - - - -	76
Symptoms of Inflam-			
mation - - - - -	68	PARTICULAR PHLEGMA-	
Of the Species of In-		SIÆ.	
flammation - - -	68	Of Ophthalmia, or In-	
Terminations of In-		flammation of the	
flammation - - -	69	Eyes - - - - -	77

TABLE OF CONTENTS.

	Page		Page
Of Phrenitis, or Inflammation of the Brain and its Membranes	79	Of Splenitis, or Inflammation of the Spleen - - - -	93
Of Quinsey in general	80	Of Nephritis, and Cystitis, or Inflammation of the Kidneys, and of the Bladder	93
Of the Angina Tonsillaris, or Common Inflammatory Quinsey - - - -	81	Of Enteritis, or Acute Inflammation of the Intestines - - -	95
Of the Angina Pharyngæa - - - -	82	Of Rheumatism, comprehending Rheumatitis, Rheumatagra, and Rheumatalgia - - - -	97
Of the Angina Trachealis, or Croup - -	82	Of the Gout - - -	100
Of the Angina Parotidæa, or Mumps -	83	Of Catarrh - - - -	104
Of Pneumonia, or Acute Inflammation of the Lungs and their investing Membrane - - - -	84	Of Phthisis Pulmonalis, or Consumption of the Lungs - - -	105
Of Carditis, and Pericarditis, or Acute Inflammation of the Heart and Pericardium - - - -	87	OF THE EXANTHEMATA, Or Fevers with Characteristic Eruption.	
Of Hepatitis, or Inflammation of the Liver - - - -	88	Of Measles - - -	110
Of Gastritis, or Inflammation of the Stomach - - - -	91	Of Small Pox - - -	112
		Of the Chicken Pox -	116
		Of the Vacciola, or Cow Pock - - - -	116

TABLE OF CONTENTS.

	Page		Page
Of Erysipelas - - -	118	Of Acute Hydroce-	
Of Scarlatina Angino-		phalus - - - -	158
sa, or Scarlet Fever,			
with Sore Throat -	122	Of Dyspepsia, or Indi-	
		gestion - - - -	161
Of Cholera - - - -	126	Of Pyrosis - - - -	165
Of Diarrhœa - - - -	128	Of Scirrhus Pylorus	166
Of Dysentery - - - -	134		
		Of Jaundice - - - -	166
OF HÆMORRHAGE IN		Of Diabetes - - - -	170
GENERAL.		Of Urinary Concre-	
Of Active Hæmorr-		tions - - - -	173
hage - - - - -	139		
Of Passive Hæmorr-		Of Asthma - - - -	176
hage - - - - -	141	Of Whooping Cough	179
Of Hæmorrhoids, or		Of Colic - - - -	181
Piles - - - - -	142	Of Tetanus - - - -	184
Of Scurvy - - - -	145	Of Apoplexy - - - -	187
		Of Paralysis - - - -	191
OF DROPSY IN GENERAL	147	Of Epilepsy - - - -	196
Of Anasarca - - - -	151	Of Chorea, or St. Vi-	
Of Abdominal Dropsy	152	tus's Dance - - - -	199
Of Hydrothorax - - -	153	Of Hysteria - - - -	201
Of Chronic Hydroce-		Of Hypochondriasis	203
phalus - - - - -	154		

1871

My dear Mr. [illegible]

I have the pleasure to inform you that

the [illegible] of the [illegible] is now

in the hands of the [illegible] and will

be ready for delivery in a few days.

I am, Sir, very respectfully,

Your obedient servant,

[illegible signature]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

1. Pope was a valetudinarian thro' life -
Johnson retained his mental
vigor to the latest breath, in spite
of paralysis, asthma, nervous
depressions, and other maladies
exaggerated by old age - Boemke.
- ave is said to have exerted his
mind most vigorously in a fit of
the stone. Blacklock wrote his
"creation" during a blindness that
had existed from his youth.

OUTLINES

OF

A COURSE OF LECTURES.

&c.

1. **DISEASE** commonly defined to be,—*Any variation from the most perfect and healthy state of the several organs and functions of the living body.*—Such definition shewn to be too general;—few if any persons having every organ and function in the most perfect state.—
/ Remarkable disparity between mental and corporeal powers in the same person, shewn in the examples of many celebrated men.—Considerable variety even in *bodily* functions, compatible with health.

2. *Health and Disease*, then, *relative* rather than *positive* terms;—and respect the individual as compared with the generality of men, and with himself at different times.—Practical definition of disease,—*An uneasiness,—excess,—or defect, in one or more of the functions of the body or mind,—recurring so often, or continuing so long, as to demand medical assistance.*

3. **Organs** of the body numerous, and their connexions various;—of course, many different *forms* and *degrees* of disease,—each requiring appropriate treatment.—Hence the necessity of accurately distinguishing them from each

other by certain *signs* or *characters*; which constitutes the science of *Nosology*.

4. Different modes of arrangement proposed by different Nosologists,—each possessing certain advantages.—Dr. Cullen's arrangement preferred, as being on the whole most adapted to practical application.—General outline of this, with remarks upon its merits and defects.

OF FEVER IN GENERAL.

5. Fever the most general of all morbid states;—being common to both sexes,—to every period of life,—and to all climates and countries:—hence Sydenham's calculation of the proportion who die of it, probably under-rated.

6. Has claimed the attention of practitioners and writers in all ages.—Opinions concerning it, of course, extremely different.—Very universally, however, divided into *primary* and *secondary*;—the first arising from general causes, operating on the body at large;—the other depending on inflammation or other local affection:—hence distinguished into *Idiopathic* and *Symptomatic*.

7. General symptoms of *Idiopathic* Fever;—increased frequency of pulse,—preternatural heat, preceded by sensation of cold,—feeling of languor, lassitude, and general uneasiness:—pain of head, back, and limbs:—memory and judgement confused and indistinct;—senses of taste, smell, touch, &c. altered or impaired:—want of appetite,—defect of saliva,—thirst;—discolouration of the tongue;—respiration frequent and anxious:—changes in the urine.

8. Many other symptoms occasionally attend;—but those enumerated *general* and *characteristic*.—Great

variation even in these ;—hence a desideratum to ascertain some *one* as *characteristic*, and *always present*.—Reasons why we ought not to expect this.—Pain the only symptom that of itself amounts to disease ;—but pain common to almost every disease ;—soⁿ that when *alone*, it requires a *negative* character to distinguish its nature.

9. Useless to state the various notions entertained respecting fever by different writers, from the time of Hippocrates down to the present age.—Boerhaave the first who investigated the subject rationally :—found *three* symptoms to occur in every fever during its course, viz. —chilliness,—quickened pulse,—and increased heat ;—but fixed on the *second* of these as the *single essential* symptom uniformly present.—His error pointed out.—Slight chilliness often passes unnoticed by patients :—frequency of pulse readily ascertained, and therefore seldom overlooked by the physician ;—but not *constantly* present.

10. Increase of heat considered by the ancients as the characteristic of fever—proved by their names πυρετός and *febris* ;—and certainly necessary to complete the febrile paroxysm, though often absent for some time.

11. *Chilliness*,—*quickened pulse*,—and *increased heat*, then, common to *all* idiopathic, and to *many* symptomatic fevers, especially at their commencement ;—and generally occur in the order mentioned.—Objections to this noticed.—Singular case related by Morgagni.—Exacerbation of remitting fever often without *chilliness* ;—but the disease then fully formed, and approaching to the state of continued fever,—which may be considered as having only *one* paroxysm during its course.

12. Another symptom, not less essential to idiopathic

fever, is—*general uneasiness*, pervading every part :—this strongly portrayed in the countenance in some fevers ;—in others shewn by perpetual restlessness and change of posture.

13. Difficulty attending *definition* of disease, from the different views of writers and teachers respecting it.—A strictly logical definition perhaps impossible.—Practical distinctions alone of use ; and disease to be characterized only by the *concourse* and *succession* of symptoms.—Illustration of this in the examples of small-pox, measles, and epidemic catarrh.—Accurate distinction particularly necessary in febrile disorders, from the great variety of their kinds, and from the appropriate treatment necessary even in the different stages of the same case.—Efficacy of opposite remedies reconcileable with the belief of there being something in common to all fevers.

14. Difficulty of framing any definition,—or *short character*,—which will include every variety that may occur :—yet such character necessary, especially for the young practitioner, till rendered familiar with the varieties in fever, and expert in distinguishing them.

15. Paroxysm of intermittent the most perfect example of the febrile state, both in distinctness and order of symptoms.—Description of its symptoms :—indolence—yawning—and stretching ;—diminution of muscular force ;—paleness and dejection of countenance, —hands cold to the touch ;—features contract, and extremities shrink, and become livid :—constriction of skin, producing *cutis anserina* and *horripilatio* :—*feeling* of general coldness,—and soon after actual diminution of temperature—accompanied with frequent chills,—and occasional shudders,—which become more

frequent and considerable,—and at last end in universal shaking.

16. After longer or shorter continuance of cold and shivering, the heat gradually returns, and rises even above 98° , though the patient still feels a sensation of cold; but soon perceives transient flushings,—beginning in face and neck, and alternating with chills,—but gradually extending, and growing more considerable and universal, and at last becoming dry burning heat all over, with great restlessness, and often violent head-ach.—During this progress in temperature, the surface not only acquires natural colour, and shrunk parts their usual size, but become even redder and more turgid than natural.

17. Lastly, moisture begins on face and neck; gradually extending, and becoming general perspiration or sweat.—As sweat flows the heat abates; and when ended, body restored to natural temperature, and functions in general to *nearly* their usual state.

18. Symptoms enumerated (15, 16, 17) as constituting entire paroxysm, obviously divide themselves into *three stages*, viz.—the cold,—hot,—and sweating stages:—these accompanied by various other phenomena, that illustrate the several changes, and throw light on the nature of fever in general.

19. Torpor of brain and nerves during cold stage—shewn by diminished sensation of eye, ear, taste, touch;—by impaired state of recollection and judgement;—by state of pulse at first slower, always weaker than ordinary, and often irregular;—by diminished secretion,—want of saliva,—scanty, colourless, and inodorous urine;—dryness of issues, ulcers, &c.;—by short and anxious respiration;—by loss of appetite, and occasionally sickness and vomiting. *These are effects of intestinal congestion.*

20. With return of warmth, sensibility also returns, and becomes even more acute than before, especially to light and noise:—ulcers and other diseased parts grow more painful.—Mental faculties likewise restored; but thought hurried and confused, sometimes even to delirium; and patient's attention absorbed by his general sufferings.

21. Pulse in the mean time becomes regular, distinct, and full:—and in robust habits, or when pain or inflammation attend, often hard;—but still frequent, though less so than in cold stage.—Respiration also more free and full,—but still rather frequent and oppressed, till sweat takes place, which carries off the heat of skin, and with it the restlessness and oppression of breathing.

22. Such the assemblage and train of symptoms that *usually* occur in intermitting fever; but subject to great variety both in degree and number.

23. Change in Urine also requires notice, as anciently connected with theory of *concoction*; and still much attended to by some, as assisting to form judgement of solution or termination of the disease:—Urine during cold stage, nearly devoid of *colour*, *smell*, or *taste*,—and shews no cloud or sediment on standing.—As heat comes on, arterial action increased, and urine assumes high colour; though still scanty and without sediment.—But when sweat has continued some time, and arterial action abates, the colouring matter deposited in red or *lateritious* sediment.

The bilious accompan^d by Hypochondriasis?
The nervous ^{or} on several -
Tendentes anxie nervosis prae?
Quib^d ab hemorrhagis, visceribus & fetore
rotati & felle.

General Divison of Fevers.

24. Fevers variously divided; ex. gr. 1. into *endemic*, *epidemic*, and *sporadic*;—2. from their causes, into *marsh fevers*, *contagious fevers*, &c.:—3. from the nature and violence of their symptoms, into *inflammatory*,
 X *bilious*, *nervous*, *putrid*, and *malignant*;—4. from the greater or less distinctness of their paroxysms, into *intermitting*, *remitting*, and *continued*, fevers.—Explanation of these terms:—all have their use; but several too vague to found any distinction upon.—*Endemic*, *epidemic*, and *sporadic*, occasionally applicable to most fevers.—*Putrid* and *malignant* not exclusively appropriate to any one kind.—*Intermitting*, *Remitting*, and *Continued* the least ambiguous denominations: these again distinguished by their particular symptoms.

25. Explanation of the terms *intermitting*, *remitting*, and *continued* fever.—Chilliness at each exacerbation not necessary to constitute true *remittent*.

26. *Continent fever* of authors,—their description of it.—Its existence denied by Cullen, De Haen, and the best modern authorities,—and in itself shewn to be improbable.

27. Individual nature of idiopathic fever argued from the spontaneous change of quartan into tertian,—tertian into quotidian,—quotidian into remittent,—and remittent into continued fever;—together with the occasional reverse of this.—Such changes, however, when complete not merely spontaneous; but occasioned by the co-operation of their respective causes, as heat, contagion, marsh-miasmata, &c.—Dr. Cullen's observations on this subject, and his candour pointed out.

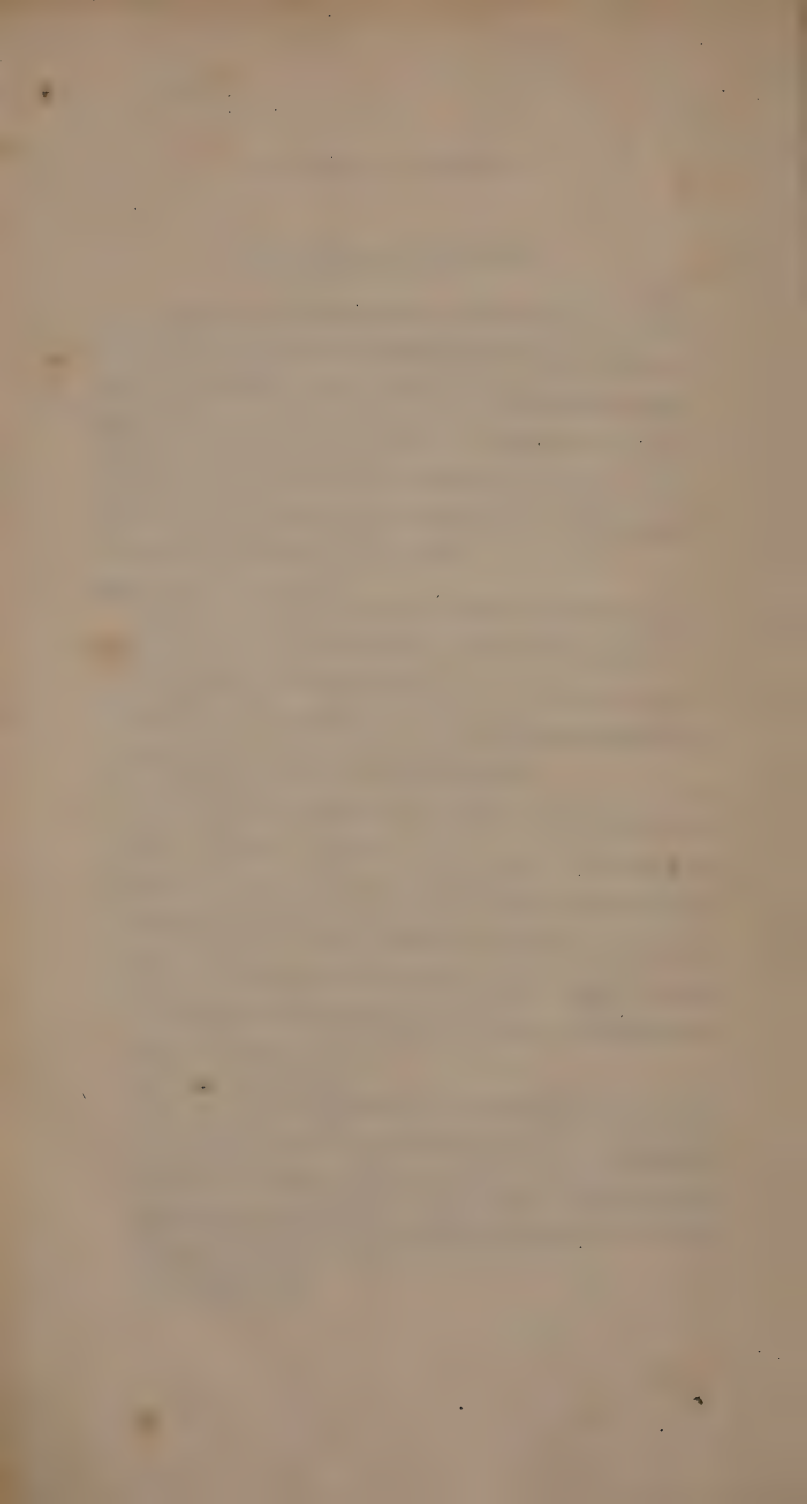
General Causes of Fever.

28. These usually divided into *remote* and *proximate*—The former again distinguished into *predisposing* and *occasional*.—The *predisposing*, however, rather facilitate the operation of the *occasional*, than of themselves capable of inducing fever;—such are—*constitution*,—*errors in diet*,—*fear*,—*cold*, &c.:—while the *occasional* seldom fail to excite fever, when applied in a high degree, however slight the predisposition,—ex. gr. *marsh-miasmata*, and *contagion*.

29. This distinction useful, though not always clear;—several of the *predisposing* causes being, in certain cases, capable of inducing actual fever;—while the *occasional* ones sometimes lie dormant, till roused into activity by the accidental occurrence of fear, cold, grief, &c. which thus become *exciting* causes.

30. *Original constitution*—marked especially by *vascular irritability*:—much aided by a certain cachectic state of solids or fluids,—as scrophulous and scorbutic, occasioning acrimonious state of the secretions, especially of the intestinal canal.—Proofs of this in the rapid progress and malignant form of febrile state in such persons, even when arising from common causes.—Hence certain denominations of fever, such as—*gastric*,—*intestinal*, &c. used by some authors.

31. Certain constitutions, though not marked by any external signs, appear peculiarly liable to be affected by *particular* causes of fever.—Daily examples of this in the instance of *contagion*.—Remarkable example of the same with respect to *marsh miasmata*, in the case of two young physicians.



THE HISTORY OF THE
LIFE OF
JAMES OGLETHORPE
BY
JOHN STURGES
IN TWO VOLUMES.
LONDON:
PRINTED BY J. JOHNSON, ST. PAULS CHURCH-YARD, 1784.
IN TWO VOLUMES.
LONDON:
PRINTED BY J. JOHNSON, ST. PAULS CHURCH-YARD, 1784.

operation? chirurgias? salus magna -
Febris in Regionibus calidis -

32. *Plethora* and *inanition*, though directly opposite, yet both favour the operation of certain causes of fever ; —*plethora* predisposing to fevers of the inflammatory and bilious kind,—while *inanition* predisposes to *intermittents*, and to the *low* or *nervous* fever from contagion.

33. *Errors in diet*.—Excess in animal food predisposes to fevers of high action ;—while vegetable food, especially if poor in kind, favours those of the intermitting and contagious sort.—Effects of these different kinds of food considerably dependant upon original constitution, and also upon present habit of body ;—so that each may be useful under certain circumstances in preventing fever.—These circumstances pointed out, and the kind of food and management proper under them, shewn.—Food of difficult digestion universally injurious :—exemplified in the febrile state taking place after its use in delicate persons,—and in that which follows a debauch even in the strongest.—Power of *custom* in lessening the effects of excess in the use of strong liquors ;—hence temperate persons more liable to fever from *occasional* debauch, than habitual drunkards are.

34. *Sudden or considerable alternation of temperature*—of all others the most frequent *obvious* cause of feverish indisposition of the catarrhal kind, especially in this variable climate : hence the denomination of a *COLD*, usually given to such indisposition.

35. *Cold* merely a relative term, and strictly signifying a greater or less privation of *HEAT* ;—but its meaning in ordinary language, founded on the common feelings of men,—and therefore, as far as respects the living body, must be referred to these as a standard.

36. The living human body endowed with power of generating or evolving a degree of heat considerably

above the ordinary temperature of the atmosphere;—and, during health, this degree is pretty uniformly 98° of Fahrenheit, though external temperature varies greatly. —Hence evident power in the living body, of *regulating* the evolution of heat, according to the demand made from without.

37. In physical sense, every temperature of the air or other surrounding medium below 98° , might be denominated *cold*; but not so with regard to *feeling* and to health; and a degree much lower, viz. from 60° to 70° , the most grateful and invigorating.—This wisely ordered, to suit the *general* temperature of the habitable globe, and to allow the evolution of heat consequent upon man's exertions, and necessary to his well-being.

38. General denominations of temperature:—From 60° to 64° admits with ease and safety every exertion necessary either to man's subsistence or pleasure; hence named *temperate*:—the higher degrees up to 70° , called *warm*; and all above that, *hot*.—Of the inferior range, a few degrees under 60° is termed *cool*;—and all below, *cold*.—Considerable difference, however, among men in health, in assigning names to particular *degrees* or *portions* of thermometric scale,—according to their respective power of evolving heat, as depending on original constitution, and on habit.—Illustration of this in the effects of sudden and considerable change of *climate*, or of temperature.—The *natural* power of regulating animal heat limited; and considerable change to be safe should be gradual.

39. Power of cold on living body twofold, viz. *absolute* and *relative*.—*Absolute* power of cold that by which it uniformly tends to reduce the temperature of the body below the standard of 98° , by abstracting heat faster

than it can with ease be evolved.—Balance readily maintained at temperature of 60° ,—but very low temperatures exhaust the calorific powers.—Example of this *partially*, in *frost-nipping*; and *generally*, in death of whole body, from intense cold;—proving, that animal heat is not merely a *chemical* process, but depends also on the *living principle*.

40. *Absolute* and *relative* power of cold, or its *sedative* and *stimulant* effects, illustrated by the operation of the cold bath upon a *delicate* and upon a *vigorous* man:—producing in the latter glowing warmth and increased strength;—in the former chilliness and shivering, followed by burning heat,—in short, febrile paroxysms.

41. Such paroxysm the simplest example of febrile state:—generally subsides like *ephemera*,—or if it remain, assumes the continued form of *catarrh*, with inflammatory constriction of exhalant vessels, and diminished discharge from skin.—Explanation of the common opinion—that such feverish state depends on the perspirable matter being retained.

42. Similar febrile disorder the usual consequence of a person being exposed to *air* of considerably different temperatures, in quick succession; and especially if change from *hot* to *cold*.—Is generally accompanied with local inflammatory affection of one or other part, according to circumstances of exposure, or particular susceptibility;—occasioning different degrees and forms of *catarrh*,—*ophthalmia*,—*angina*,—*pneumonia*,—*rheumatism*, &c.

43. Morbid effects of cold greatly increased, if applied to the body when overheated and in copious perspiration.—Hence the serious disorder often caused even by grateful coolness of atmosphere under such state of

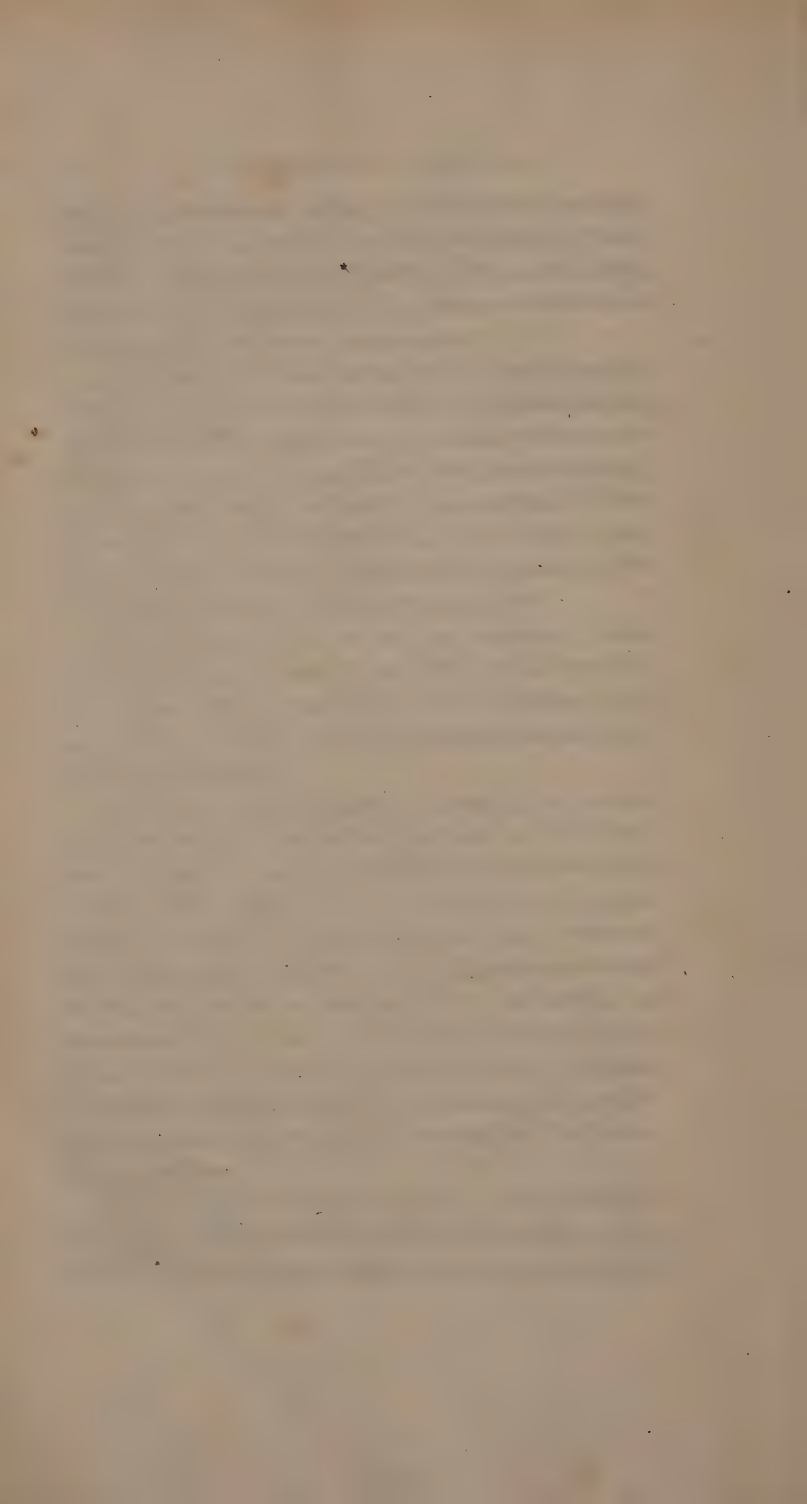
body ;—but mischief still more violent when the transition is sudden and great,—as from drinking very cold liquors.—Examples of this from Dr. Rush, Dr. Currie, and others, with the most effectual means of lessening or preventing the dangerous consequences.

44. *Sensation of cold generally felt when change of temperature produces morbid effects.* Neither *sensation* nor *effects* of cold proportioned to its absolute degree,—but rather to previous sensation of heat, and to capacity of bearing the change.—Hence opposite sensations from same temperature at different times,—or even at same time in different parts ;—illustrated by experiment with two vessels of water of different temperatures.

45. Such sensations, however, not permanent, unless the higher temperature be *above* 62° , and the lower one *under* that degree :—illustrated by the Buxton water, which becomes either a cool or tepid bath according to the time of immersion.

46. Power of Cold different according to circumstances either in respect to the cold itself, or to the person to whom it is applied.—Difference from—1st, the intensity of the cold ;—2d, from period of its application ;—3d, from its being accompanied with moisture, and evaporation ;—illustrated by Dr. Currie's account of shipwrecked mariners ;—nevertheless, bad effects of moisture denied by some ;—4th, from cold being applied with current of air ;—*lastly*, from its being a sudden vicissitude.—Dr. Wintringham's opinion,—that epidemics arose from vicissitude alone,—examined, and shewn to be erroneous. -

47. Circumstances respecting the person himself, which render him more liable to be hurt by cold ;—1st, defect of calorific power from—fasting,—evacuations,



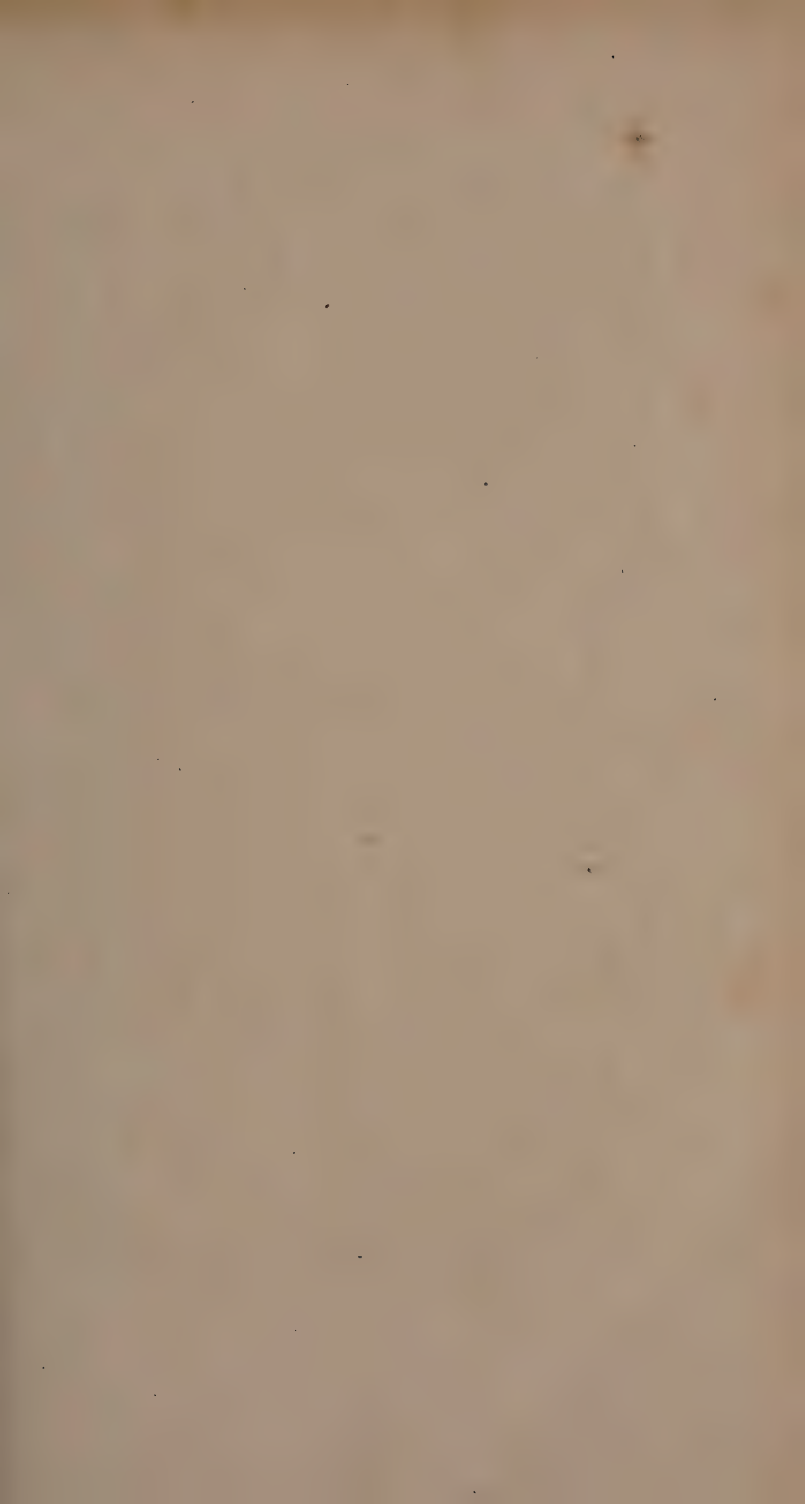
—fatigue,—debauch,—excess in venery,—long watching,—much study, and consequently sedentary life ;—rest immediately after violent exercise ;—state of sleep ;—preceding disease :—2dly, from the whole or part of the body being deprived of its usual covering ;—one part being exposed, while the rest are kept warmer than usual ;—the sensibility of the individual, or of the particular part exposed.—Remarks upon each of these circumstances.

48. The power of the circumstances enumerated (47) in *favouring* the operation of cold, confirmed by attending to those which enable persons to *resist* its morbid effects ;—which are,—vigorous constitution, especially with respect to the heart and arteries ;—exercise ;—use of cold bath ;—employment of cordials ;—operation of active passions ;—habit of exposure ;—certain states of morbid excitement of the brain and nerves, as in mania.

49. Sudden and considerable alteration of temperature most readily productive of febrile state,—and especially that from a *high* to a much lower degree of heat.—But continued application of heat considerably above 62°, disposes to febrile condition, and greatly modifies that already present.—Operation of external heat double ;—1st, stimulating the nerves, and increasing the velocity of circulation ;—2d, preventing or lessening certain chemical exchange of principles, made in the course of the circulation under a lower temperature, and found conducive to vigorous health.—Circulation through the hepatic system especially affected by this ; giving rise to certain states of disease particularly noticeable in warm climates, and perhaps too much overlooked by practitioners in the colder ones.

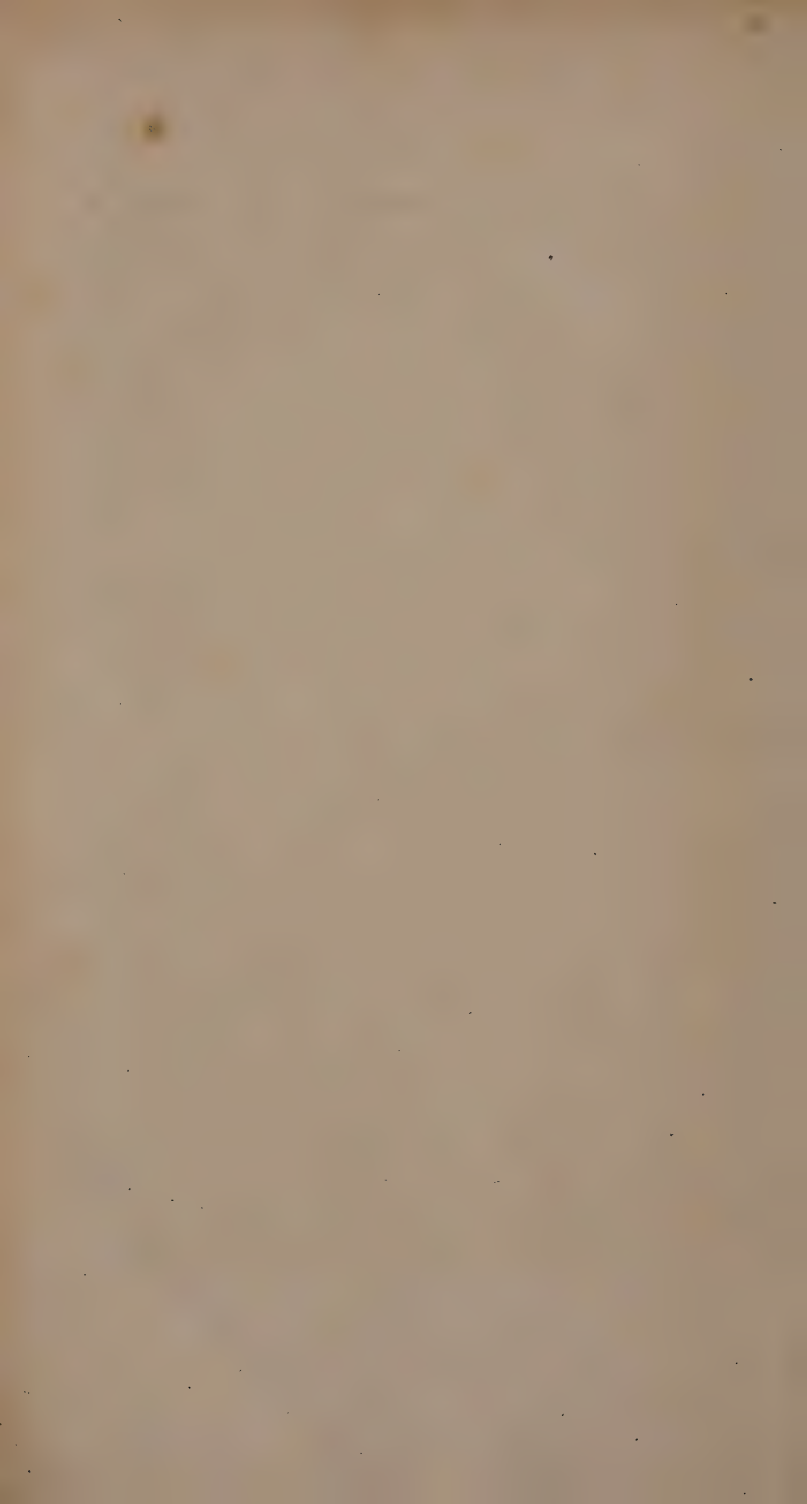
50. Other causes which predispose to, or actually excite fever.—Certain intemperies of the atmosphere, independent of its sensible qualities.—Sydenham's remarks on this; and his consequent division of fevers into *stationary* and *intercurrent*.—Inquires how far the same constitution of atmosphere continuing for a number of years, accords with modern observation:—Each year appears to have certain marked character in its diseases, generally differing from the preceding or following one.—The cause assumed by him, viz. a change in bowels of the earth, was altogether hypothetical in his time, though not improbable now.—Chemical composition of atmosphere now well known;—but its effects on man very different, though its eudiometrical properties the same.—Do not the differences depend rather upon the *mode* or *degree* of combination between its ingredients, than upon their absolute quantities, or their proportions in it as a simple mixture?—Perhaps the particular *electric* state of atmosphere, as connected with nervous or Galvanic influence, may have considerable power in occasioning healthy or morbid effects from atmosphere:—in this view, Sydenham's conjecture may be true.—Accurate register of such changes connected with history of the season and prevailing diseases, still wanting.—Occurrence of catarrh in considerable district, without proof of contagion, or any unusual change in *sensible* qualities of atmosphere.

51. Effluvia of marshes, called *Marsh Miasmata*, the most common cause of intermitting and remitting fever.—These effluvia very different from mere watery exhalations;—many moist situations being free from intermitting fevers. Precise nature of the *Marsh Miasmata* little known;—being void of odour or other sensible









quality.—Macerating moisture and heat, which favour the rapid decomposition of vegetable and animal matter, especially necessary to its production.—Operation of heat shewn, by the more noxious effects of marsh effluvia in warm than in cold climates and seasons ;—and especially in autumn, when heat is often greatest, and many vegetables spontaneously die and rot.—Animal putrefaction less aiding perhaps than might be supposed ; for alone it has little effect on certain trades, as skinners, tanners, &c.—Effluvia from gangrenous decomposition, perhaps an exception.

52. Not every kind even of *vegetable* decomposition that yields febrific miasms.—Remarkable exception in peat ; which is antiseptic.—*Septic vegetable decomposition*, then, the cause ;—and hence explanation of fact observed,—that in the autumn of very wet summers, intermittents have occurred in high, and at other times dry situations, though not observed before or since.—Instances of this in certain high parts of Northamptonshire in the year 1782, which was remarkable for its wetness.—Same principle explains why the mud of great African rivers, which abounds in decomposed animal and vegetable matter, becomes, when exposed by drought, remarkable for occasioning remitting and intermitting fevers.—Hence the periodical fevers at Cairo on retiring of the Nile.—Similar effects on the Guinea coast ; but less at the gradual drying up of the rivers, than at the sudden re-moistening of the dried mud, by general fall of periodic rains.—Country often half depopulated then ; and some parts quite deserted from that cause.

53. Marsh or Phytoseptic miasma not capable, like Contagion, of attaching itself to clothes, &c. ; but speedily dissipated and rendered harmless.—Proofs of this at

Batavia, Bencoolen, and other places.—Instances of sensible difference from removing ships only half a cable's length farther off shore.

54. All land winds contain more or less miasmata.—Proofs of this in a remark made by naval officers:—illustrates the observation of sensible difference in salubrity between the windward and leeward side of West-India islands.

55. *Contagion*—defined.—Applied in certain degree, is of itself capable of inducing fever in any constitution.—Question considered, whether contagion is propagated only by communication,—or can be generated *de novo*.—All contagions certainly capable of multiplying themselves under disease;—and some evidently propagated in that way only;—but others appear to be produced spontaneously under certain circumstances.—Great difficulty respecting the origin of certain specific contagions:—appear to have begun in particular countries at very remote periods, and under peculiar circumstances, so that if once destroyed might never again arise.—No ground, however, to hope for this in typhus, plague, dysentery, and other contagious febrile diseases that occur more than once during life.—Can men carry these contagions always about them, and only become susceptible of their influence under certain circumstances?—Sir J. Pringle's observations on the rise of contagion in crowded hospitals.—Circumstances which particularly favour the production or virulence of typhus contagion;—illustrated by comparative mortality in convict transports and in slave ships:—the difference perhaps, in part, owing to the higher temperature through the whole voyage of the latter ships, which dissipates contagion; but not entirely so, as typhus contagion may be rendered highly virulent and

infectious even in hot climates.—Account of the Boulam Fever,—Malignant Yellow Fever of the West Indies, North America, and Spain.

56. Fear—and excess in venery—also remote causes of fever;—while firmness of mind gives corresponding tone and vigour to nervous and vascular systems, and lessens or prevents the influence of contagion.—Examples illustrating this;—remarkable one related by Dr. Coste respecting the last plague at Marseilles.—Effects of fear, grief, &c. related by Diemerbroeck and others.—Observation made respecting new married people during the plague.

Doctrines respecting Fever.

57. By inquiring into the operation common to the several Causes of fever, we approach towards a knowledge of the febrile state.—The nature of a *proximate cause* ill understood;—hence the search after it rarely successful;—and the circumstance generally assigned as the proximate cause, either a gratuitous assumption, or some one or other of the more prominent symptoms.

58. Opinion of Hippocrates,—that fever was an effort of Nature to expel something hurtful from the body.—Adopted by Galen and his followers,—and countenanced by various evacuations occasionally attending crisis.—Hence doctrine of *Concoction*, or fermentation and despumation;—and belief that duration and event depended on these being rapid or slow,—imperfect or complete.—Treatment founded on these ideas.

59. These doctrines (58) universally taught for thirteen centuries;—and though now exploded among British practitioners, still exist in the language and opinions of the vulgar.—Humoral pathology fully discussed

in Lectures on the Theory of Medicine.—Not sanctioned in fever,—either by observation,—or deducible from most successful plan of cure.—Though morbid cause absorbed and multiplied in certain diseases,—yet in others, no evidence of its existence.—Comparison of contagious febrile disorders with intermittents;—no proof of a *materies morbi* in the latter;—nor the intermissions in them explicable on such idea.—Fever often cut short without attending to concoction:—why this not practicable in every case of febrile disorder;—and why some admit only of being *regulated* during their progress.

60. Revolutions in physic generally in extremes.—Doctrines of Galen undisputed until time of Boerhaave and Hoffman.—Character of Boerhaave.—His opinions more generally adopted than those of any other modern.—Character of his Aphorisms, and the Commentary on them by Van Swieten.—Like all *systems*, aimed at too much. Prevailing corpuscularian philosophy, and his mathematical education, gave a mechanical turn to his opinions respecting living body.—Adopted Loewenhoeck's notion of decreasing series of globular particles in blood; and corresponding series of vessels.—A plausible theory of many diseases founded on this assumption.—His doctrine of *error loci* in inflammation:—seemingly strengthened by his erroneous idea respecting the shape of arteries.

61. Boerhaave's doctrine of Fever, though more gratuitous, yet still plausible,—as agreeing with Loewenhoeck's and his own alledged observations, respecting compounded globules of blood.—Imagined the tendency to aggregation among its particles varied at different times,—and condition or crasis of blood altered accordingly;—occasioning thin and serous, or thick and viscid state,

accordingly as aggregative tendency weak or strong.—Assumed *Lentor*, or viscid state of blood, as proximate cause of fever.—His mode of applying this to explain the phenomena of a febrile paroxysm.

62. His theory implicitly received by cotemporary and succeeding physicians.—Was himself the first to see its defects;—and to admit the agency of Nervous System.—Van Swieten's endeavour to explain the difficulty, and maintain his master's credit.—With this explanation, approaches the doctrine of Hoffman and Cullen.

63. Mechanical doctrines incapable of rigorous scrutiny when applied to living body.—No direct proof of viscosity in blood during fever.—The very ground-work, viz. Loewenhoeck's observations, shewn to be a mere fallacy.

64. The Mechanical System of Physic much weakened by chemical discoveries.—Phenomena of Nervous System became more attended to,—especially by Hoffman,—who referred the healthy or diseased condition of body, primarily to the state of the *moving fibre*.—This doctrine strengthened and illustrated by operation of various subtle agents on the living body;—and particularly by the effects of passions and emotions.—The general principle now universally admitted as a fundamental part of pathology.

65. Fever considered by Hoffman as primarily arising from diminished vigour of nervous system, and particularly of brain and spinal marrow;—whence nervous extremities not duly supplied with energy.—Effects of this necessarily greatest in remote parts,—especially in extreme arteries;—whence atonic and spasmodic state of

them.—Application of this to explain some of the phenomena in cold stage.

66. That febrile commotion exists primarily in Nervous System, now universally allowed;—unnecessary, therefore, to enter into the discussion of it.—Hoffman's theory adopted by Dr. Cullen, and illustrated with great ingenuity.—Chief merit, however, due to Hoffman, both as first proposer, and as referring the phenomena of fever to an irregularity and disturbance pervading the nervous system,—and present in every stage of fever;—while Cullen assumes a *symptom*, viz.—spasm of extreme vessels,—as the proximate cause.

67. Sketch of Dr. Cullen's theory of fever.—Remote causes of fever all directly sedative,—and their application occasions debility,—as shewn by—general languor,—weak frequent pulse,—coldness and shivering,—want of appetite, &c. accompanying attack of fever.—Intermitting fever selected as the best example.—Considers *three* states, viz.—of debility,—of cold,—and of heat, as essential to idiopathic and primary fever.—From their occurring in the order enumerated, concludes them related as *cause* and *effect*.

68. So far supported by facts.—But proceeds to assume *spasm* as proximate cause of fever.—To do this, recurs to positions neither congruous with one another,—nor warranted by observation.—No proof of spasm in every fever:—though obvious in intermittents, is much less in remittents,—and often undiscoverable in typhus.—This shewn by comparison of these forms.—Reaction of heart and arteries therefore, to be explained on some other principle or law of the animal economy.

69. Other difficulties attending his theory:—spasm

Handwritten text at the top of the page, possibly a title or header.

Main body of handwritten text, consisting of several lines of cursive script.

Second section of handwritten text, continuing the narrative or list.

Third section of handwritten text, appearing as a separate paragraph.

Final section of handwritten text at the bottom of the page.

Is this definition of the essence of a
proximate cause allowed - or is it
a petitio principii? if not allowed,
it is easy to imagine the successive
stages of fever to that directly produ-
ced by the proximate cause depen-
dent upon each other and not
upon the proximate cause? H

supposed by him partly owing to the *VIS MEDICATRIX NATURÆ*.—Absurd to believe that the preservative power augments the very same state which it was roused to do away.—The essence of a proximate cause, that,—when present, disease also present,—when removed, disease ceases.—Spasm present only in one stage even of intermitting fever.—Is itself dependant on diminished energy of brain and nerves;—and its recurrence prevented by supporting tone and energy.—Spasm, therefore, only *one* among the concourse of symptoms.

70. Outline of Dr. Brown's theory.—Capacity of living body for receiving impressions, termed by him *excitability*.—Agents or Powers acting on the body, termed *stimuli*.—Life,—health,—and disease, the result of *stimuli* acting on *excitability*.—Certain degree or quantity of excitability assigned at commencement of existence:—is worn out by operation of stimuli,—quicker or slower according to their degree,—and death the necessary consequence.—Speciousness of this;—but irreconcilable with another necessary position,—that the *excitability* is accumulated,—is in proper degree,—or is exhausted,—accordingly as *stimuli* are defective,—in due proportion,—or in excess.

71. Other embarrassments attending this theory.—*Excitability* though varying in *degree*, affirmed to be always simple and individual in its *nature*.—Necessary consequence of this,—that *stimuli* also differ only in *degree*,—and consequently, in certain dose, ought all to have same effect.—That such idea absurd, and contrary to fact, proved from original difference of organs in body, each fitted to its respective agent.—Proved also from specific

and peculiar operation of remedies :—excitability increased by Mercury or Alcohol,—diminished or exhausted by Lead, or Digitalis.—These objections fatal to the whole system.

72. Still farther difficulties of his doctrine with respect to Fever.—No primary stimulant effect observable from Marsh Miasmata, or Contagion of Typhus or Plague.—Hence considered poisons and certain contagions as an exception.—Assumed *debility* as proximate cause of fever ;—but avoids explaining how occasioned by these, —or ascertaining whether *direct* or *indirect* ;—though this before affirmed by him to be indispensable to the knowledge of disease, and to successful treatment.

73. Though Dr. Brown's *theory* the same,—his *practice* greatly changed within a few years.—Doses of opium and brandy first recommended by him in fever, very much diminished latterly, in consequence of doubts suggested by some of his pupils.—His own practice never sufficient either to verify or disprove his system.

74. Dr. Darwin's theory difficult, if not impossible, to be understood ;—his doctrines received by very few ;—and no superior success in his own practice, to justify the trouble of studying his system.

Of the Nature of Fever.

75. The investigation of this subject difficult :—much novelty not to be looked for,—but unbiassed relation of facts, and conclusions resulting from attentive observation.

76. Febrile diseases, though numerous and varied, have all something of a common nature.—Causes productive of fever apparently very different in their properties.—General similarity of their effect on living body, explicable only from their tendency to injure and destroy it,—





! If the whole portion of oxygen gas inspi-
red at once be not converted into carbonic
acid - I mean, if the lungs convert
but a certain portion of oxygen gas;
however pure the inhaled air may be,
whence that variation of temperature,
which is said above to happen during
inhalation of air "considerably more or
less pure than that of atmosphere"?

and the body itself being endowed with Preservative Power to resist their operation.

77. This power or principle chiefly resident in the Nervous System.—Functions of this system not fully ascertained.—*Sensation* inherent in it:—*Motion* derived from it.—Calorific function not sufficiently referred to nervous system.—Doctrine of respiration and animal heat treated fully in physiological course:—short sketch of it according to the discoveries of Dr. Crawford, La-voisier, &c.

78. In process so purely chemical as represented by them, *great* variation necessary, according to *relative* as well as *absolute* quantity of Oxygen, Caloric, and Carbon.—A certain *degree* of variation observed in temperature of body, when person in health made to breathe air considerably more or less pure than that of atmosphere;—but scarcely sensible difference in air of different places and at different times, by eudiometrical tests.—Variation of animal heat, then, while breathing common atmosphere, not owing to difference in the quantity of oxygen it contains; for the whole portion of oxygen gas inspired at once, not converted into carbonic acid.—Of course, the quantity of Caloric evolved under similar *external* circumstances,—to be referred to that particular vital process which effects an exchange of Caloric and Carbon during circulation.

79. This exchange, or *Calorific Process*, ultimately referable to agency of Nervous System.—Proof of this, in uniformity of animal heat during health, under every variety of external temperature;—and great difference of it, even under same temperature, if functions of Nervous System deranged.—Morbid variation of animal warmth, sometimes pretty constantly *below*, at other times rather

above the healthy degree,—but oftenest, repeated alternation of *excess* and *defect*.

80. When such alternation begins with *deficient*,—then proceeds to *excessive* evolution of heat,—and these changes recur at intervals with more or less violence,—it then constitutes that morbid state termed PYREXIA:—character of this, as accurately defined by Dr. Cullen.

81. Nature of the process effecting separation of Carbon from solids of body, on one hand,—and its absorption by the blood and consequent evolution of Caloric, on the other,—at present unknown;—but ultimately traced to agency of Nervous System;—and immediately and considerably affected by certain disturbed state of this, while external circumstances unchanged.—Striking proof of this in case related by the late Mr. J. Hunter, and farther illustration of it in the ingenious experiments of Mr. Brodie, (Phil. Trans. Part I. for 1811.)—Such disturbed state of Nervous System, if not *the proximate cause* of pyrexia,—at least very intimately connected with it.

82. This particular state, chiefly characterized by deficient and irregular distribution of nervous energy;—hence often described by the term *debility*.—Such term, however, too general,—as comprehending several species of defective power in Nervous System, not productive of *febrile* state.—Term *atony* used by Dr. Cullen.—This term by itself also objectionable,—as denoting more especially want of tone in *muscular fibre*;—but qualified by word *febrile*, appears sufficiently precise and expressive.

83. Chilly and cold state of body marking commencement of pyrexia, proof of diminished energy in nervous system.—This universally followed by increase of heat,—even to 6° and 8° beyond healthy standard.—Such

alternation directly the reverse of what might be expected.—Illustration of this, by comparison of piece of mechanism with living body.—Retardation or irregularity of *machine*, remains the same, as long as first cause continues to act.—Living body also a machine,—but infinitely superior in construction and operations.—Example of healthy man exposed to marsh miasmata:—first effects, —indisposition to bodily or mental exertion,—lassitude and general uneasiness,—loss of appetite,—small and very frequent pulse,—paleness and shrinking of skin,—chilly sensation and actual coldness,—shaking of whole body;—in short, cold fit of intermitting fever.

84. So far the effects in *machine* and in living body correspond—But these not permanent in latter,—or death inevitable.—After symptoms of *diminished* power and energy lasting some time,—*opposite* train of symptoms arise:—heat gradually returns, and even exceeds natural degree;—mind becomes quick and irritable,—its ideas rapid even to delirium;—pulse grows full and less frequent;—and lastly, perspiration or sweat succeeds, with relief to all these symptoms, and restoration of bodily and mental functions, nearly or entirely to healthy state.

85. This restoration often only temporary,—and same train of symptoms recurs again after interval of 12, 24, or 48 hours;—but at other times complete and permanent,—or else each recurrence less severe, until they cease spontaneously.

86. Difference between inanimate machine and living body,—evidently owing to the latter being endowed with PRESERVING PRINCIPLE, or *Vis Medicatrix Naturæ*.

87. Objections made to this principle, from its being

personified by its advocates, and compared with Rational Soul, under different names of *Archæus*,—*Autocrateia*,—and *Anima medica*;—but its existence and operation incontestibly proved in a variety of cases :—examples of these.

88. Objection—that PRESERVING POWER, instead of simply counteracting the primary effects of morbid Cause in fever, occasions even more distressing or dangerous symptoms,—answered ;—the symptoms of *re-action* being *morbid* only because in *excess*.—Application of this to the definition given of disease (par. 2.) pointed out.

89. Every paroxysm of fever, then, consists of *two* sets of symptoms ;—the first set being the *direct* and *immediate* effects of febrific cause, ex. gr. marsh miasma, —contagion, &c. ;—the second arising *indirectly*, or through operation of PRESERVING POWER.—In the increasing or diminishing this *reaction* of the Preserving Power, then, consists a principal part of the cure of fever.

Of the Crisis in Fever.

90. Original signification of the term *κρίσις* ;—its meaning as applied to change in disease.—Strictly denotes either fatal or happy event,—but generally used in latter sense.

91. Curious fact,—that living power, when nearly worn out by successive paroxysms or exacerbations of fever,—should often suddenly and spontaneously recruit,—remove all alarming symptoms,—and leave the patient with little more complaint than general weakness.—This change most striking in *continued* fever ;—and sometimes so remarkable, as to seem the special effect of divine interposition :—bad consequences of such belief among nurses and patient's friends.

92. To understand the nature of crisis,—necessary to recollect the view given (par. 89.) respecting nature of fever.—PRESERVING PRINCIPLE various in degree in different individuals,—periods of life, &c.—Constitution *strong* when PRESERVING POWER *vigorous*,—and *weak* when PRESERVING POWER *defective*.—Force of exciting causes also, viz. Miasmata, Contagion, &c. different on different occasions.—According to relative degree of preserving power on one hand, and force of febrific cause on the other,—the change termed *crisis* will be well marked,—indistinct,—or altogether absent.—Crisis most remarkable, when operation of the febrific agents goes *nearly* to subvert the PRESERVING POWER,—and where it acts directly on Nervous System, without occasioning such derangement of its *organization*, as to unfit it for resuming its functions when the morbid impression has ceased.

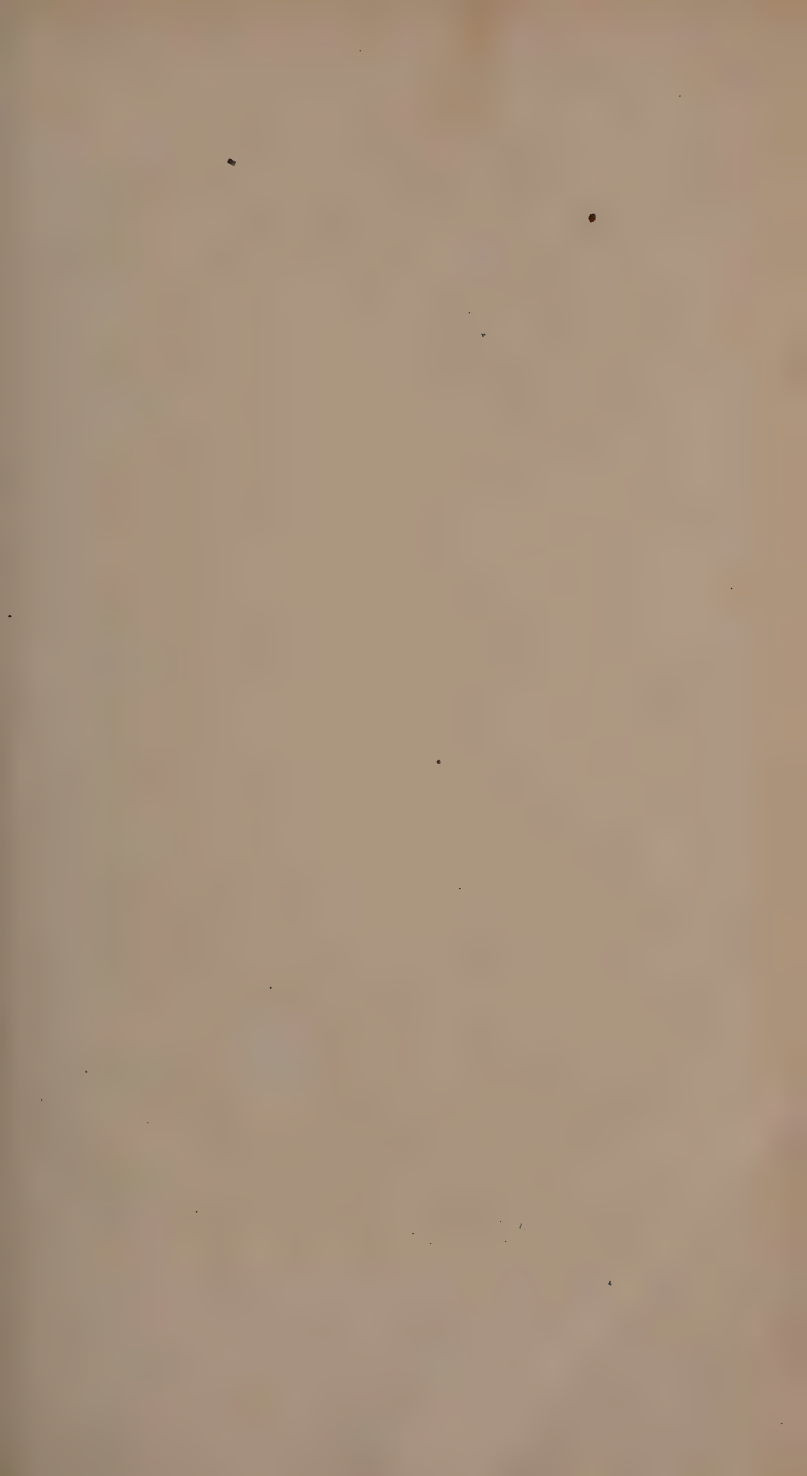
93. Morbid impression made by the causes of fever, not permanent,—but wears out after longer or shorter period.—Febrile state induced by cold (unless joined with local inflammation)—seldom of such duration and degree, as to display critical change.—Morbific intemperies of atmosphere constantly applied while it exists;—difficult, therefore, to ascertain the date of its first *effective* impression.—Effect of miasmata occasionally very *speedy*;—instances mentioned by Lancisi, and by Sir J. Pringle.—Effect of contagion often still more quick.

94. When morbid impression not strong, no actual disease immediately follows.—Interval between effective application of Miasmata, and attack of Intermittent, now and then well marked (par. 31);—but between exposure to Contagion, and commencement of Typhus, often distinctly ascertained.—Agree in producing specific *dis-*

position to their respective kinds of fever, which remains for some time ;—and either subsides spontaneously,—*gradually* acquires strength,—or is *suddenly* rendered active by concurrent operation of other remote causes.—This property common to all specific causes of febrile state,—as contagion of Small-Pox,—Measles,—Whooping-Cough, &c.—Utmost limits of interval belonging to these respectively, not ascertained.

95. Duration of actual disease from respective febrile agents, also limited.—Period of this known and uniform in some,—as Small-Pox and Measles ;—and perhaps uniform also in Intermitting Fever and Whooping-Cough: but difficult to determine this, and why.—Of less consequence to ascertain it, if it exist, in Intermitting fever, as seldom shewing any marked crisis, and very liable to recur through habit.

96. Crisis most conspicuous, and of most practical consequence, in fevers originating from Contagion,—or in those which *assume* the typhoid type in their progress.—Hence the study of it especially important in those fevers.—Illustration of it by case of healthy person exposed to contagion :—often no sensible effect for a week or more.—Difficult to say how much longer morbid disposition will lie dormant ;—perhaps never above *three weeks*.—May wear out or expire silently in certain cases ;—is rendered active in others, by *Preserving Power* being weakened from operation of cold,—fear,—grief,—anxiety,—loss of blood, &c.—Duration of morbid impression difficult to determine ;—but actual idiopathic fever seldom if ever longer than four weeks,—and often short of that.—Objection,—that patients die after 28th day from actual seizure,—answered :—death then not owing to original febrile state,—but to diseased condi-



tion induced in some important organ,—as inflammation, effusion, or suppuration in brain,—lungs,—liver,—intestines,—mesentery, &c.—Proof of this from *general* febrile disorder often subsiding some days before death in such cases.—Protraction of intermittents often owing to local disease,—especially in liver and spleen.

97. Local affections occurring during the progress of idiopathic fever, also render crisis obscure and imperfect.

98. Febrile derangement of functions proportioned to force of contagion on one hand, and to susceptibility of patient on the other.—May terminate at any period between a few days and three weeks, according to circumstances.—Crisis, or sudden change at termination, most marked when febrile derangement considerable ;—when extended towards the utmost limit of morbid impression ;—and when unopposed by any local affection.

99. Critical termination more frequent and complete at certain periods within this limit of duration, than at others.—Hence the doctrine of CRITICAL DAYS.

100. This doctrine first taught by Hippocrates,—generally admitted by his successors among the ancients,—and maintained by many moderns of great eminence.—Much difference, however, between the advocates for them, as to the particular days ;—and their existence altogether denied by many practitioners.

101. Periodical movements in the body clearly shewn by tertian and quartan periods in intermitting fever.—*Diurnal* movements obvious in continued fever ;—but tendency to tertian and quartan movements also probable in it, from change of type in these fevers,—as well as from the nature of fever in general.—This tendency obscure in continued fevers of this country, and marked

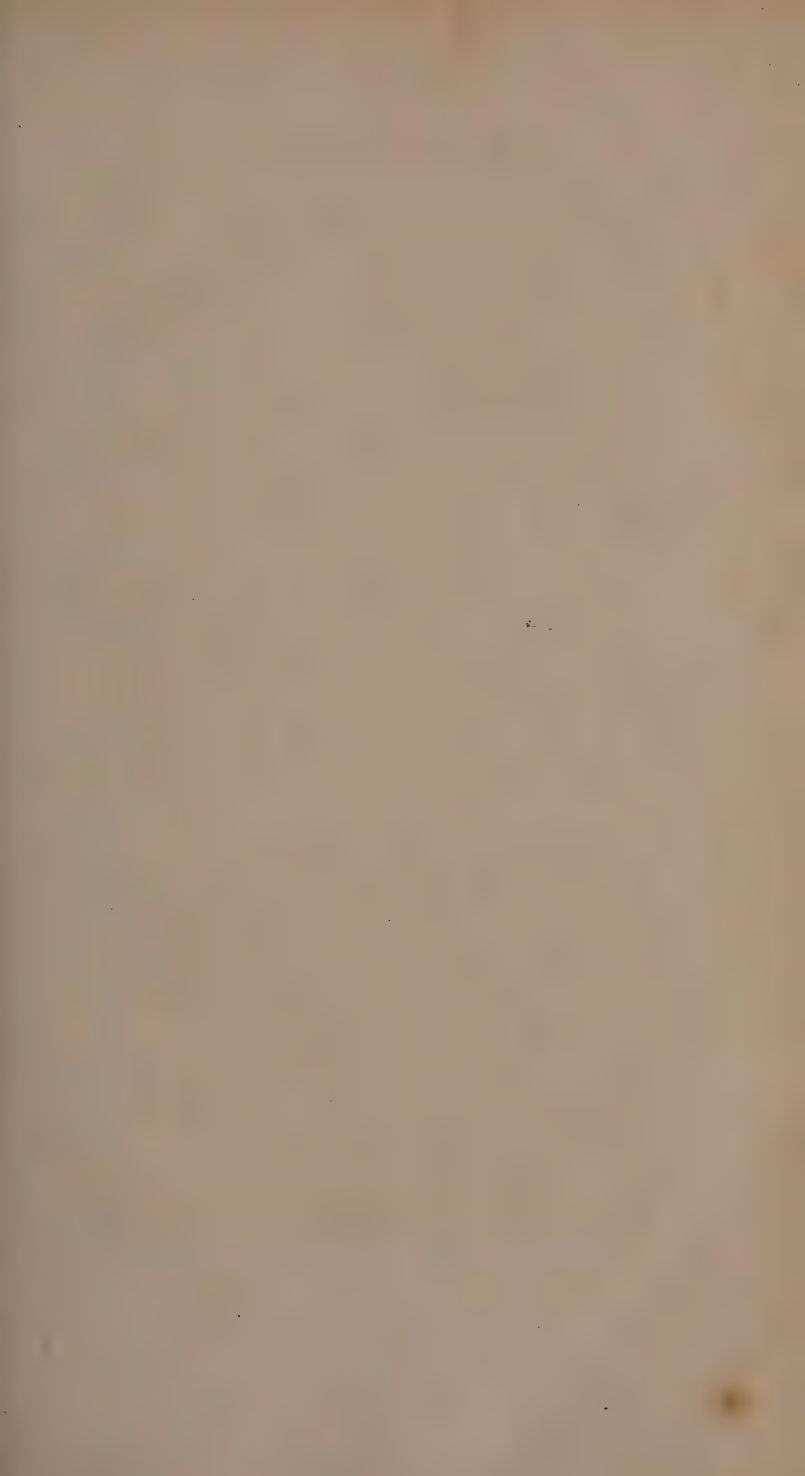
only by greater exacerbation and remission at tertian and quartan periods;—but probably distinct in Greece,—owing to greater uniformity in climate,—and mode of life,—and to inert practice of Hippocrates.—The doctrine also alledged to be influenced by belief in the Pythagorean power of certain numbers.

102. Critical days of Hippocrates,—3^d,—5th,—7th,—9th,—11th,—14th,—17th,—and 20th, from actual attack;—or, Crisis most frequent,—complete,—and favourable on these days;—and oftenest incomplete or unfavourable on the intermediate ones.—First fortnight *tertian* intervals;—afterwards *quartan*.

103. The exact day of attack in fevers from Contagion often uncertain:—hence difficult to determine the *odd* or periodical days, till disease somewhat advanced.—Their regular recurrence likewise altered in many cases, by the operation of remedies.—Critical periods, therefore, less distinct among us than among the ancients;—but their existence and operation in a certain degree still cognizable.

104. A septenary or hebdomadal period most remarkable in those continued fevers, which either arise from Contagion; or become typhoid in their course;—such fevers oftenest terminating at the end of *one*,—*two*,—or *three* weeks from attack; and critical change most conspicuous at these periods,—especially at the *second* and *third*;—whence vulgar phrase of—*fourteen*, and *twenty-one day fever*.—Reason of this.

105. Correspondence with this, in the decided tendency of remitting and intermitting fevers of warm climates, to recur especially at lunar,—semi-lunar,—and quadranti-lunar periods:—and hence the ground of par-



ticular practice in such places.—Account of Dr. Balfour's theory ;—evidence in its favour :—has carried his system too far.

106. Crisis in contagious fever most strongly marked, when septenary periodic movement concurs with spontaneous termination of original morbid impression.

107. Amendment in fever generally preceded or accompanied by some spontaneous discharge,—as hemorrhage,—diarrhoea,—sweat,—lateritious deposit in the urine :—whence arose the idea of such discharge being the *cause* of the amendment, by carrying off the *materies morbi*.—Other discharges also mentioned as *critical*, e. g. vomiting,—copious flow of saliva,—abscess, &c. ; but these comparatively rare.

108. Twofold view of such discharges by the advocates for Humoral Pathology, viz. as being,—1st, the ground of *prognosis* as to final event,—and, 2^{dly}, as directing us to procure such discharges *artificially*, and thereby successfully imitate the salutary effort of Nature.

109. These discharges, however, even when spontaneous, often useless or hurtful.—Attempt to explain this by imperfect concoction of morbid matter ;—but the doctrine shewn to be unfounded ;—and even if true, its application to fevers in general neither satisfactory nor safe.

110. The discharges considered as *critical*, shewn to be oftener *effects* of the favourable change in system, than *causes* of it ;—but, in certain cases, assist both to form *prognosis*, and *indications of cure*.

111. Remarks on the particular discharges :—1st hemorrhage ;—oftenest from the nose ;—the quantity generally small ;—the relief it sometimes gives, inexplicable

on the notion of morbid matter being evacuated by it :
—in what stage and kind of fever useful and instructive ;
—in what hurtful and unpropitious.

112. Deposit in the urine occurs after each paroxysm of Intermittent (par. 23.), and also at the decline of Acute Rheumatism, &c.—not unfrequent in gouty persons during ordinary health ;—and may be produced in any one by sudorific medicines.—Hence affords no particular indication of cure ;—but occasionally precedes the other phenomena marking a solution of the fever.—Inquiry into the nature of febrile sediment in urine : contains nothing peculiar to the febrile state.—Appearance of the urine in different forms of fever :—sometimes nearly natural ;—often paler, and like whey, particularly in nervous fever or mild typhus.—High colour of it, —different in different kinds of fever ;—causes of this :—sometimes of a deep brown, sooty, or dusky green.—Conclusions to be drawn from these appearances.

113. Increased discharge by perspiration or sweat, the natural and most common termination of febrile paroxysm.—Infectious quality of the matter perspired in contagious fevers, seems to favour the doctrine of morbid matter ; —but such fevers not noticed by its founder ; and the contagion shewn to be the product of morbid action in the perspiratory vessels.—Sweat often universal and profuse for many days without relief ; and rather unfavourable.—Sudor Anglicus described by Dr. Caius.—Partial, cold, and clammy sweats in fever, never attended with relief, and generally very unpropitious.—What kind of sweat is favourable, either when spontaneous, or when procured by remedies.—Merit of Sydenham in exploding the alexipharmic and sweating treatment of fevers in general.

114. **DIARRHŒA** seldomer critical than perspiration ; but sometimes precedes and causes the latter.—Is also more readily excited or restrained by remedies ;—and hence important in a curative view.—Under what state it proves useful, indicated,—by the degree of vascular action,—by the colour, &c. of the stools, as being black and offensive, —yellow,—green, &c.—Kinds of fever in which certain states of the alvine discharge most commonly appear :—prodigious quantity of bile evacuated in certain fevers, and by particular constitutions ;—importance of this discharge to recovery.

GENERAL PROGNOSIS IN FEVER.

115. Several points connected with this, already noticed (par. 110 - 114.)—Prognosis to be drawn, on the one hand, from *excessive action*,—and, on the other, from *defect of the vis vitæ*.—The first is especially the case in inflammatory fevers,—the other in those of the typhous kind.

116. Simple excess of action not very dangerous, unless particularly violent in some important organ, as the Brain,—Lungs,—Intestines,—Liver, &c. being otherwise within the controul of remedies.

117. *Defect of the vis vitæ* more hazardous.—Ambiguity of the term *Vis Vitæ* from the vague definitions given of it.—Are to understand by it A Principle of Activity and of Preservation, most remarkable in the nervous and muscular substance, but diffused throughout both solids and fluids of the body, and apparently existing in these in different degrees in different persons, and under different circumstances.—The danger, then, to be estimated from its defect in these collectively.

118. Muscular weakness common to all fevers,—but

most sudden and considerable in those from Contagion:—cause of this.—Of itself not alarming.—Defect of *Vis Vitæ* as shewn in the state of the circulation and respiration, more dangerous,—and why.

119. Defect of energy in the Brain, as shewn by the weakness of the mental functions,—constituting different degrees of stupor and delirium,—often very considerable in cases which end favourably.—Active delirium *generally* accompanied with inflammatory condition of the brain:—great danger of this in contagious fevers.—Similar combination of *increased action* with *diminished power* in other vital organs, embarrassing, and difficult to treat successfully.!!

120. Irregular distribution of nervous influence,—shewn in convulsions,—spasms,—tremors,—subsultus tendinum,—hiccup, &c.

121. *Defect of Vis Vitæ* as shewn in the texture and appearance of the blood when drawn: varieties of these, with remarks upon them.—A *tendency* to the septic process often evident; but an actually *putrid* state of the *circulating mass*, incompatible with life.—Much misrepresentation and error on this subject found in medical writings.

122. Septic state most conspicuous in certain secretions,—especially of the mouth and fauces,—of the intestines, &c.; and the proper light in which such changes are to be considered.

123. Defect of *Vis Vitæ* both in solids and fluids shewn—1st, by effusions of blood under the skin forming *petechiæ*,—*vibices*,—*ecchymoses*;—remarks on these;—2d, by particular yellowness of skin in certain fevers;—important distinction between this and icteritious yellowness:—3d, by passive hemorrhage from the nose,—

mouth,—intestines,—urinary passages :—4th, by gangrene of parts inflamed by blisters, pressure, &c.—Gangrene of the feet sometimes takes place as the fever subsides.

124. Prognosis from change of voice and manner,—eager or difficult deglutition,—appearance of eyes, and of countenance in general ;—posture ;—passing of urine and fæces unconsciously ;—temperature of extremities, &c.

125. Correct prognosis only to be formed from a comprehensive view of the living machine,—the relative importance of its several organs and functions,—the number of these, and the degree in which they are affected ;—the species of fever, and the tendency of it *in general*, as well as of the *particular* epidemic ;—together with the patient's age,—constitution,—previous habit of body,—and mode of life.

DIAGNOSIS OF FEVERS.

126. Every idiopathic fever referrible to one or other of the three principal forms of *Intermittent*,—*Remittent*,—or *Continued Fever*.—The two first owing in part to one cause, viz. Miasmata :—hence often change into each other by the change of season, and other circumstances ; and a consideration of these necessary to form an accurate Diagnosis.—*Continued Fever* of the simply inflammatory kind independent of local affection, not so common as might be expected.—Continued Fever, then, *generally* referrible either to Contagion, or to a peculiar state of atmosphere, which occasions a similar depression of the vital energy ;—and therefore commonly assumes the typhoid character in its progress.

127. Accidental symptoms of local affection, to be

distinguished from the fundamental febrile disease, and not made a ground of multiplying names; which tends to confound disorders essentially the same, and to mislead in practice.

GENERAL CURE OF FEVER.

128. Though the treatment of fever varies greatly in different cases and stages of the disorder, yet certain principles of cure are applicable to fever in general; and a knowledge of these, marks the scientific practitioner.

129. Why fever is occasionally cured by *different*, and even *opposite* modes of treatment;—and the consequent scepticism of many with respect to the utility of medicine, considered.—Every fever, however various its cause, shews a sort of common character, as originating from a *certain disturbed state* of the Nervous System.—Essential nature of this morbid state hitherto unknown, and perhaps will always remain so.—Hence the necessity of attentive observation, and cautious conclusion, to successful practice.

130. Living differs from dead body in its power of beginning motion, and producing various *changes*; both necessary to its existence and well-being.—These constitute the mechanism and chemistry of *life*.—Certain *degree* and *order* of these motions and changes, productive of HEALTH;—and any *excess*, *defect*, or *irregularity* of them, beyond a certain degree, causes DISEASE (par. 2.)

131. Hence, the General Principles of Cure in fever consist, in counteracting the operation of the causes inducing it,—by, 1st, *diminishing* those motions and changes which are in *excess*;—2d, *increasing* those which are *defective*;—and above all,—3d, restoring the due *train* or *order of succession* in those which have had it disturbed.

131. Ars non in causis, sed in effectibus,
viz. mutatis notibus, oppugnandis crisis-
tit.

132. The 1st and 2d indications comprehend all that in general is necessary in fever arising from common causes,—as sudden alternation of temperature,—excess in exercise,—or in eating, drinking, &c.;—but in that produced by specific agents, as Miasmata and Contagion, are properly only palliative, and ward off urgent symptoms, so as to let the specific disease expend itself.—The 3d indication comprises the *essential* cure of fever;—there being no *antidote* to febrile commotion from specific causes.

133. The internal motions and changes of living body too little known to admit of precise definition; but may be expressed by the general term *Actions*.—A fundamental law of these,—that they *naturally* proceed in a certain *train* or *order*, unless disturbed by the operation of hurtful agents;—but that, when so disturbed, they assume *another*, and a *morbid* train or order, and continue this in a *degree*, and for a *period*, proportioned to the *force* of the hurtful cause, and the *permanence* of the impression made by it.—Illustration of this by comparison of fever as arising from *common*, or from *specific* causes.

134. Fevers from Contagion may often be extinguished at their commencement.—Why this not practicable in the advanced stages.

135. In the living body, same *ultimate* effect may arise from different or even opposite causes;—exemplified by the occasional success of *different* and even *opposite* remedies in fever.—But every plan of cure not therefore equally proper;—some one mode being especially suited to the individual *kind*, *degree*, and *stage* of the disease; and the judicious adaptation of it to these respectively, being most uniformly successful.

136. Causes of fever are very generally such as lesser action in the first instance; hence, the increased action which follows, is from the exertion of the Preserving Principle. — Importance of this in explaining the increased action with *adequate* or *inadequate power* of maintaining it; — and in adapting the plan of cure accordingly.

137. FIRST GENERAL INDICATION (par. 131.) divisible into two heads, accordingly as the *power is considerable* or *deficient*: — full illustration of these two states, referred to the doctrine of Inflammation. — In every fever there is a state approximating towards one or other form of inflammation, and ready to assume its corresponding form by the concurrence of certain causes. — Tendency to the *active* form chiefly noticed by authors, and by them denominated the PHLOGISTIC DIATHESIS.

138. Particular condition of the nervous system occasioning this, at present unknown; but its *effects* most obvious in the Sanguiferous System, and our remedies to be chiefly directed to remove these.

139. State of circulation indicating Phlogistic Diathesis, marked by frequency, — strength, — and hardness of pulse, with increased temperature. — Remarks upon these. — Frequency less characteristic than the other states; — and to be depended upon only as accompanied by them. — Circumstances of the patient's constitution, &c. and of the remote causes, in which such diathesis especially prevails. — Hard pulse sometimes ambiguous, and why. — Increase of temperature, likewise, often greatest where no true phlogistic diathesis present.

140. Collateral symptoms marking phlogistic diathesis.

—High colour of the urine:—necessary distinction here.—White tongue:—discrimination of its kind and degrees.

141. ANTIPHLOGISTIC PLAN extensive:—consists of remedies and regimen.—Latter applicable also to other states of fever.

142. BLOODLETTING the most speedy and powerful remedy.—How rendered most effectual.—Circumstances regulating venæsection in idiopathic fever;—nature of prevailing epidemic;—nature of the remote causes;—season and climate;—degree of phlogistic diathesis present;—period of the fever;—age and natural habit of patient;—former diseases and habit of bloodletting;—appearance of the blood;—and the effects of the first venæsection.—LOCAL BLOODLETTING;—often superior to venæsection;—and admissible when the latter unsafe.—Modes of it,—and in what cases and parts each most suitable.

143. PURGING, another mode of lessening the phlogistic diathesis.—More limited in its effects, and why.—Seldom to be pushed far.—Purging likewise applicable to other states of fever.—Distinction between the *kinds* of evacuation procured by it, as adapted to these respectively.—Its utility as merely emptying the intestines—as carrying off a large portion of Serum,—or as discharging bile;—the circumstances under which one or the other is especially proper, denoted by—the fulness of the vessels,—the state of the countenance,—tongue,—urine,—perspiration,—breathing,—particular sensations. Remedies especially adapted to fulfil the indication under certain circumstances.

144. COLD.—Third mode of lessening excessive action, consists in abstracting the stimulus of heat from

the body.—The temperature of the body in fever very various; hence necessary to discriminate the circumstances requiring its diminution, and the extent of this.—General retrospect of Calorific function (par. 78):—is both a means and an end in the animal economy:—its irregularity essentially connected with fever;—and its restoration an important part of the cure.

145. Balance between *evolution* and *abstraction* of heat in health.—Accumulation of it necessarily results from increase of former, or diminution of latter; and still more from both conjoined.—Hence its reduction twofold; but such division not distinct throughout.

146. Regulation of external temperature—how to be managed;—cautions necessary.—Sydenham's practice animadverted on.

147. Continued abstraction of heat in many instances unsafe, though temperature of body in excess:—reason of this, and explanation of Dr. Currie's remark on the fact.

148. Cooling effect of evaporation—long practically known in particular countries;—proved by Dr. Cullen's Experiments in 1755;—first noticed in living body by Dr. Franklin;—applied to explain certain phenomena observed in the Experiments made in heated rooms, by Sir J. Banks, and Drs. Solander, Blagden, and Fordyce.—Though a principal agent, was not the sole one.

149. Febrile heat generally abated when sweating occurs; but this often the *effect* rather than the *cause*.—Why sweat not proportioned to the force or velocity of the circulation. *+ Because* Perspiratory vessels, like other secreting ones, liable to diminished function, from excessive action in the adjoining red capillaries:—effect of former in keeping up the latter;—removal of latter

Heat alone may cause fever, as instances in the Black Hole at Calcutta -

The small size of this dungeon & the want of free ventilation present another striking physical circumstance; impure air from the respiration of so many. H. Vidi & stupui!

146. It should be rendered consistent with the feelings of the patient.

~~power~~ ~~defective~~.

147. In such instances there is a defect of power.

The room was heated to 212° & one of the Gent. remained in it 18 minutes. Their temperature was never raised above 100° .

149. Action above a certain point stops secretion, as instanced in Gonorrhoea & Catarrh. In the latter secretion is restored when a cold is said vulgè to be "broken".



The heat of body to be above natural standard.

Perspiration not general -

In fevers with petechia &c, Salt Water,
or Salt & Vinegar.

Great advantage is derived in ~~mucous~~
cases from having the head shaved;
& cold water applied -

Dyspepsia -
+ Act in Dyspeptic stomachs to lower
too much their tone, already inclined
to it: the stomach has great calorific
power also: hence the languid cir-
-culation of Dyspeptics, & their
cold extremities.

necessary in first instance :—why not to be done by the same means in different cases, explained by principle laid down par. 137.—Means proper when both *Power* and *Action* strong ;—those proper where *Action* violent, but *Power* diminished.

150. AFFUSION OF COLD WATER :—history of it ;—the practice ancient, but in general empirical and vague, till illustrated by Dr. Currie's experiments, and successful practice with.—The kind of fever to which it is especially applicable.—The time and manner of using it :—kind of water employed ;—temperature proper in different cases.—When to be abstained from.—Period of the disease at which it succeeds best.—Particular form of fever in which it failed :—conjectures on the causes of this.

151. Obstacles to the use of cold affusion ;—from its novelty ;—from popular prejudice ;—from the heat not being considerable or universal.—Abstraction of heat by sponging the body with vinegar and water, occasionally employed with advantage.—Its effects compared with those of affusion ;—less sudden and powerful :—the frequency and extent of its application, likewise, necessarily committed to the attendants, —hence liable to mismanagement, and not always safe.

152. COLD DRINK. — Abstraction of heat from the stomach by *cold drink*.—Use of this necessarily very ancient, as founded on call of nature.—Recommended by Hippocrates, Galen, and Celsus.—Formerly employed by the Italian physicians, under the title of *Diæta Aquea*, to the exclusion of other remedies.—Its indiscriminate use hazardous, and why.—Circumstances indicating its propriety, or the contrary ;—patient's craving not always a sufficient warrant :—temperature of body,—

state of perspiration;—signs of congestion or inflammation in thoracic or abdominal viscera.—Dr. Currie's opinion, as to *when alone dangerous*, appears to admit of some restriction.—Its use in some places among the lower classes, to excite diaphoresis in simple fever from cold :—its *modus operandi*.

153. NITRE :—potentially refrigerant effect of when swallowed :—its *modus operandi* obscure;—not dependant on its absorbing heat during the solution;—most probably from sedative influence on the stomach.—Its operation uncertain, and not always safe.—Circumstances indicating or counter-indicating its employment.—Mode of administration.

154. ACIDS—in general, when diluted, quench thirst and lessen febrile heat;—perhaps do both by a common operation; but this not obvious.—Vinegar rather an exception, especially in certain constitutions.—Choice of acids :—native vegetable the most universally grateful.—Of the mineral acids, the Sulphuric the most frequently used; probable causes of this :—the Nitrous and Muriatic deserving of comparative trial.—The *antiseptic* effect of acids to be considered under the second general indication.

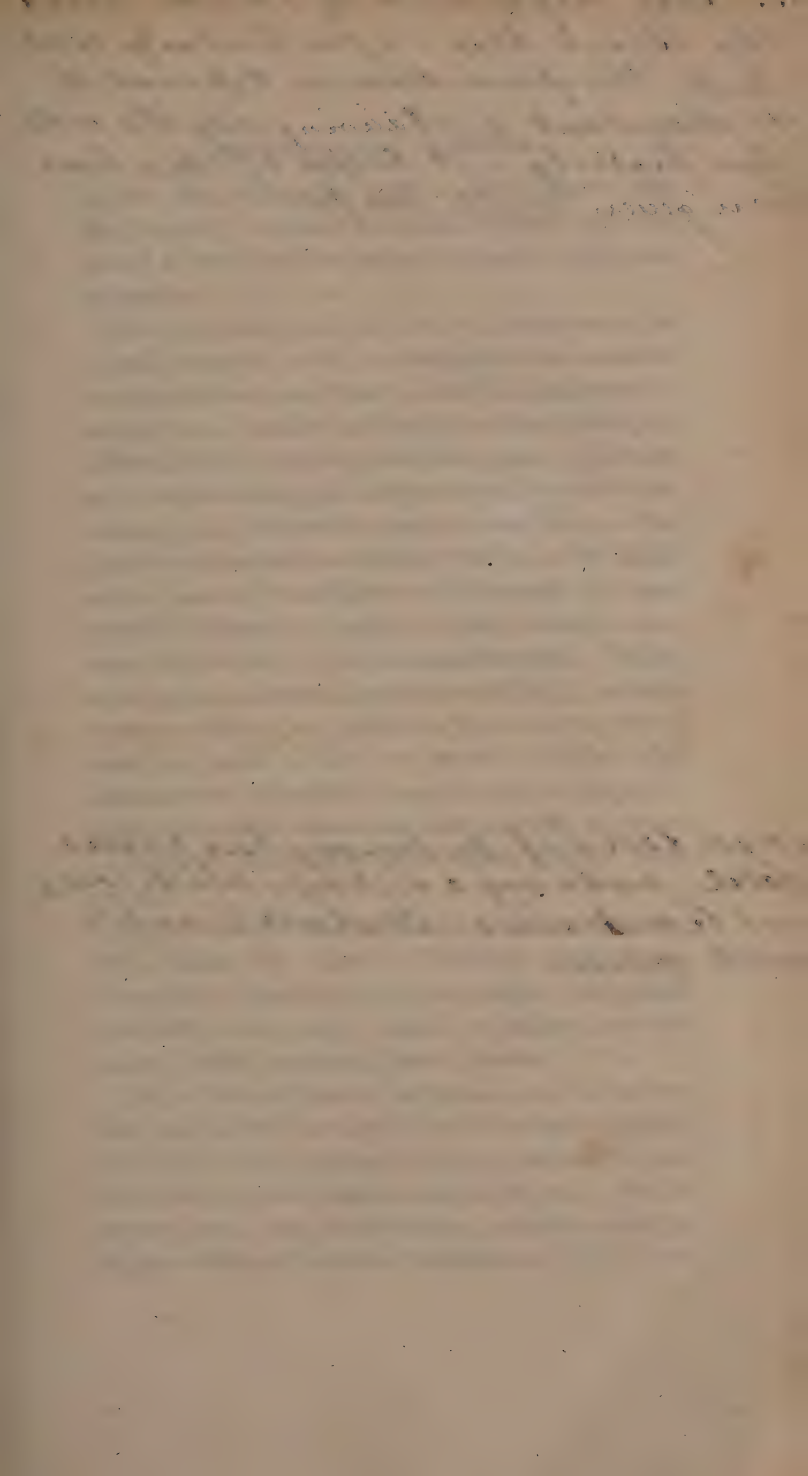
155. OPIUM.—Abstract question of its being *stimulant* or *sedative*, improper here;—its power of allaying excessive action under certain circumstances, incontestible. Doctrines which inculcate its uniform operation as a stimulus, therefore fallacious,—Distinction between *power* and *action* affords the only practical explanation of its effects in different cases :—application of this, and its importance shewn.—Particular circumstances limiting or modifying its use, even where indicated by the general condition of the system; viz. state of the intestines,—of the brain;—idiosyncrasy.—Means of lessening or removing

Matronam agnosco, quae semper, aceto
deglutito, rebet in genis et caletit.
—#

THE HISTORY OF THE
CITY OF BOSTON
FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME
IN TWO VOLUMES
BY NATHANIEL BENTLEY
OF THE BARR

Printed and Sold by NATHANIEL BENTLEY
at the Sign of the Anchor in the City of Boston

IN TWO VOLUMES
VOLUME THE SECOND
CONTAINING THE HISTORY OF THE
CITY OF BOSTON
FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME
IN TWO VOLUMES
BY NATHANIEL BENTLEY
OF THE BARR



155. That preparation of opium called the Black drop is particularly excellent, the opium seeming deprived of its stimulant & retaining only its sedative property - 70 drops of this have been given with benefit.

Small doses of Antimony have proved fatal, producing a sickness which could not be restrained. It should be united with opium.

the two first.—Opposite practice of Dr. Brown and Dr. Fordyce; strictures on them.—Extent and frequency of the dose most proper in general.—External application.

156. PERSPIRATION or SWEAT, another mode of *lessening excessive action*;—accompanies the remission or crisis of almost every fever:—hence the importance of inducing it as a means of cure; but the method of doing this different, and even opposite in different cases.—Is always most beneficial when *indirectly* procured, or when it is the *consequence* of a favourable change in the system.—Diaphoretic and sudorific medicines, however, often highly useful, especially as adjuvants.—Antimonials the most powerful of these;—all agree in exciting *nausea*;—erroneous conclusion of Dr. Cullen upon this point. Fallacy of his general doctrine already shewn (67-9); and mischievous effects of its application to low fevers, proved from the result of his own practice.—Under what circumstances antimonials may be freely employed;—great caution and nice management required in others.—Means by which their good effects may be often secured.

157. Of the choice of antimonials;—James's Powder, Pulv. Antim. Ph. Lond.—Tartarized Antimony:—uncertainty of the two first;—causes of this. No specific antifebrile virtue in any of them:—pernicious error of a contrary belief respecting James's Powder.

158. Of the 2d general indication,—viz. *to increase those actions which are defective*.—Most agents applied to the living body, capable of increasing action in it; and hence the *universal* conclusion drawn by some, that *all* powers operate only by *stimulating*, and differ merely in *degree*.—Error of this already demonstrated (71).—In so

complicated a machine as the living body, *same or similar ultimate effects* often arise from agents differing widely in their primary operation:—proof of this in the opposite causes of febrile commotion.—Hence the *second* general indication sometimes fulfilled *in part* by means chiefly adapted to the *first*.

159. TONICS AND STIMULANTS.—Certain remedies, however, operate very uniformly by supporting or increasing action;—and hence properly called *tonics* and *stimulants*:—these especially proper where *power*, or *action*, or both, deficient.—Though *power* physically necessary to *action*, the converse also true in the living body,—or *action* necessary to the maintenance of *power*,—Power and action far from commensurate in disease;—application of this to fever.

160. Distinction between *tonics* and *stimulants*, shewn by the febrile states in which they are respectively found most useful, e. g. intermittents, and low continued fever.—Importance of this, and pernicious error of Brunonian school demonstrated; with recantation of some who were once its most strenuous advocates.—Cinchona seldom beneficial in *continued* fever of any kind:—symptoms absolutely forbidding its use,—as shewn in state of tongue,—of skin,—of intestines,—of urine.—Circumstances admitting its employment:—answers best in convalescent state, and why.

161. Simple Bitters not powerful in Intermittents, and of little use in Continued Fever.—Stimulants:—Serpentaria one of the best:—Contrayerva of little use.—Sulphuric Æther.—Ammonia, &c.

162. CAMPHOR;—its *modus operandi* obscure;—even its taste combines opposite impressions;—appears to act directly on the Nervous System, and hence per-

During the use of bark, daily stools sh?
be procured -

haps its use occasionally as a stimulant,—sedative,—or antispasmodic :—nevertheless has no considerable or specific febrifuge virtue ; and chiefly useful as an adjuvant to Antimonials, Serpentaria, &c.—Its combination with vinegar highly praised by Huxham ; but his commendation evidently more from theory than experience : improbable too from the smallness of the dose.—Would *native* vegetable acids improve it ?

163. Acids in general *chemically antiseptic* ; and by resisting or correcting septic tendency in fever, may prove *tonic*. But by some affirmed to possess specific febrifuge power :—the fact not yet verified by general observation ; and Dr. Reich's *theory* respecting them, shewn to be highly improbable in itself.

164. CARBONIC ACID GAS, or FIXED AIR, powerfully antiseptic *out* of the body, and highly useful where septic process takes place *within* it.—Different forms of administering it, and their respective advantages.—Perhaps Yeast useful only as containing carbonic acid :—the evidence respecting it contradictory ;—inconveniencies attending its employment, and mode in which these may probably be avoided, without lessening its efficacy.

165. ALKALIES in general, formerly much employed in fevers, to counteract their alledged cause, a predominant acidity. Their use, especially the Carbonate of Potass,—again revived in North America, and highly extolled as most powerfully antiseptic.—Occasionally serviceable, but greatly over-rated.—Circumstances under which they seem indicated.

166. WINE the most grateful of all remedies as a tonic and stimulant in certain states of low fever : reasons for this :—Pernicious error of considering it universally

such, and consequently indicated in proportion as living powers *appear* sunk, or their actions diminished.—Recapitulation of general principles respecting greater or less permanency of febrile impression—from the nature of its causes,—and from its degree or duration; and application of these with regard to wine.—Circumstances limiting or precluding its use, especially state of the brain.—Dose and management most efficacious.—Choice of wines;—Cyder,—Perry,—Malt liquors,—Punch.

167. WARM or TEPID BATH, a remedy well adapted to lessen morbid irritation in the low state of fever, equalize the circulation, and relieve the oppressed powers of the system.—Obstacles to its employment.—Warm *affusion* may often be usefully substituted.

168. FRICTION WITH OIL.—Strong testimonies in its favour, in preventing and curing the plague.—Its use in fever very ancient—its *modus operandi* inquired into.—Proposed in Yellow Fever, and Typhus.—Circumstances under which it is indicated, and mode of using it in conjunction with cold or tepid affusion.

169. Of the DIET generally proper under different kinds of fever.—Of strong cravings for particular and often unusual articles of food or drink.—Under what circumstances to be considered as indication of Nature, and freely indulged.—Remarkable examples of this.

170. THIRD GENERAL INDICATION, viz. *to restore the due train, or order of succession, in those functions which have had it disturbed.*—This in part fulfilled by the means adapted to the two first indications;—but often speedily and effectually accomplished, by exciting *another* commotion, which breaks the *morbid* train, and allows the *natural* one to be resumed.—No specific

1 It is necessary to be cautious and sparing
in the use of wine in those cases of
debility wh^{ch} are produced by long febrile
attacks. I have reason to believe that
a patient of mine, who had undergone an
attack of this kind in Bengal, and who
was exhausted even to almost death
suffering cold sweats, & exhibiting the
facies Hippocratica, would have sur-
vived, had he not had the wine in
too copious draughts - then producing
a reaction the powers of his consti-
tution were unable to maintain.
They created #

Handwritten title or header at the top of the page.

Main body of handwritten text, consisting of approximately 12 lines of script.

Handwritten text block located in the lower-middle section of the page.

Handwritten text block located at the bottom of the page.

remedy for this purpose:—occasionally effected by different and even opposite means;—and hence Medicine stigmatized by the ignorant and interested, as merely conjectural.—Injustice of the charge shewn, and its mischievous consequences pointed out.

171. Kinds and stages of fever in which this method of cure (170) is successful or safe.—Often injudiciously attempted by cordials and stimulating diaphoretics;—said to be accomplished in many cases by profuse blood-letting;—is *certainly* so in others by cold affusion;—but most effectually in general by *Emetics*.—Rationale of their operation; some more efficacious than others;—why so.—Occasionally fail altogether, or give only a temporary relief.—Means proper to aid their good effects, or to secure them when attained;—cathartics,—diaphoretics,—diluent, —pediluvium,—blisters.

172. Remarks upon these several *adjuvantia* in the cure of fever,—and the cases to which they are respectively adapted.—Blisters operate doubly, viz. as evacuants,—and as stimulants.—Circumstances to which one or other, or conjoined operation more especially suited;—period, and place of application, regulated accordingly.—Dr. Lind's testimony of their great usefulness in the commencement of fever, subject to some doubt;—why so.

173. *SINAPISMS*:—operation of them, in what different from blisters.—Their use more limited; but sometimes greatly superior.—When especially indicated.—Where best applied, and management of them.

174. Other remedies occasionally employed;—but these rather suited to particular fevers, and to be considered under them respectively.

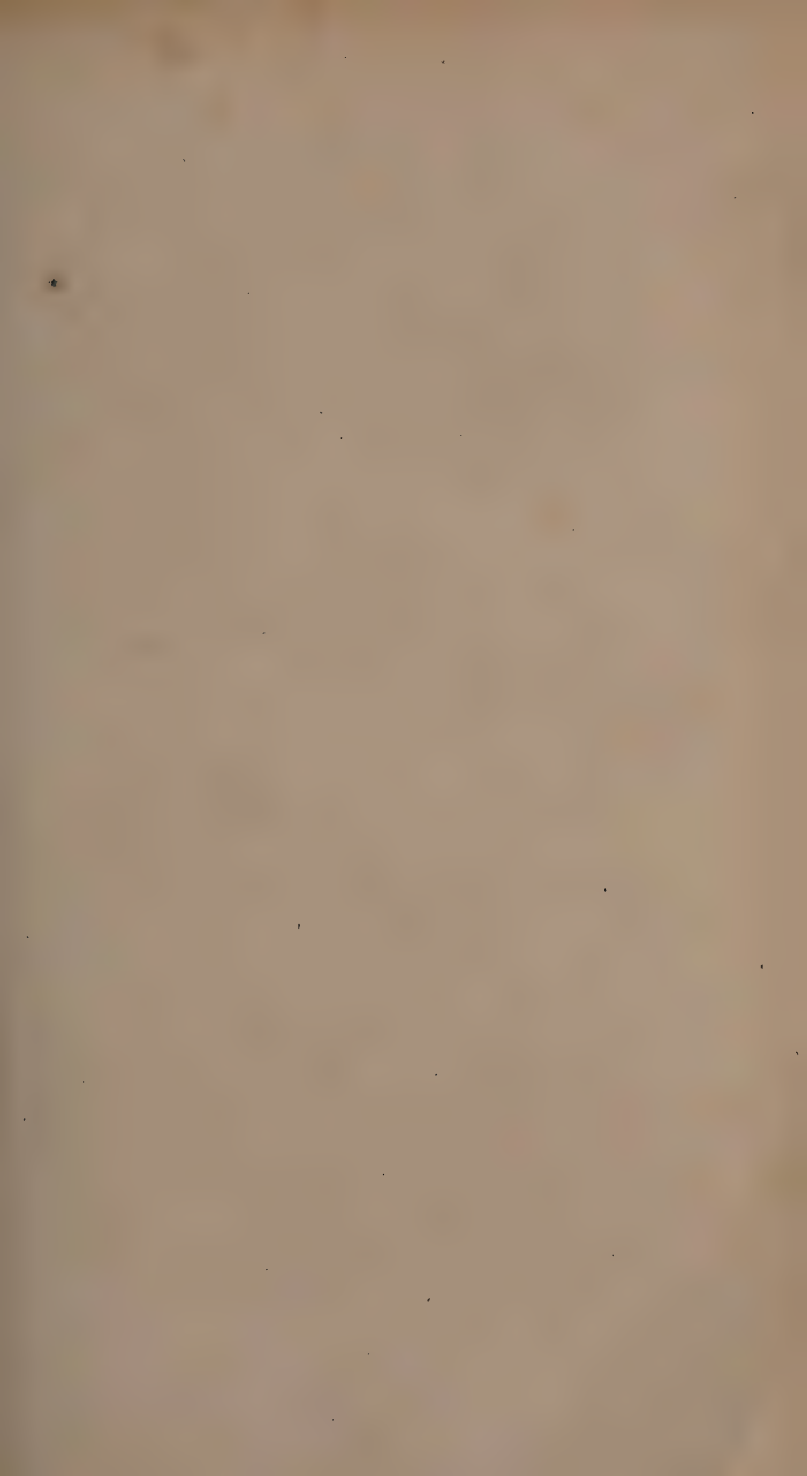
✎ The symptoms occurring in individual cases of fever, so various in *degree* and *kind*, as to make their combinations at first appear innumerable; but certain limits to these combinations evident on farther observation; and fevers accordingly distinguished into *Genera* by their leading and characteristic marks; and into *Species* and *Varieties* by their secondary and accidental symptoms.—The *purser* forms of each, however, or the *genera* of fever, can alone be described and treated of in a course of lectures;—a discriminative knowledge of the *species* and *varieties*, being acquired only by personal attention to the influence of constitution,—habit of body,—climate,—season,—and other causes, as illustrated by Clinical Practice.

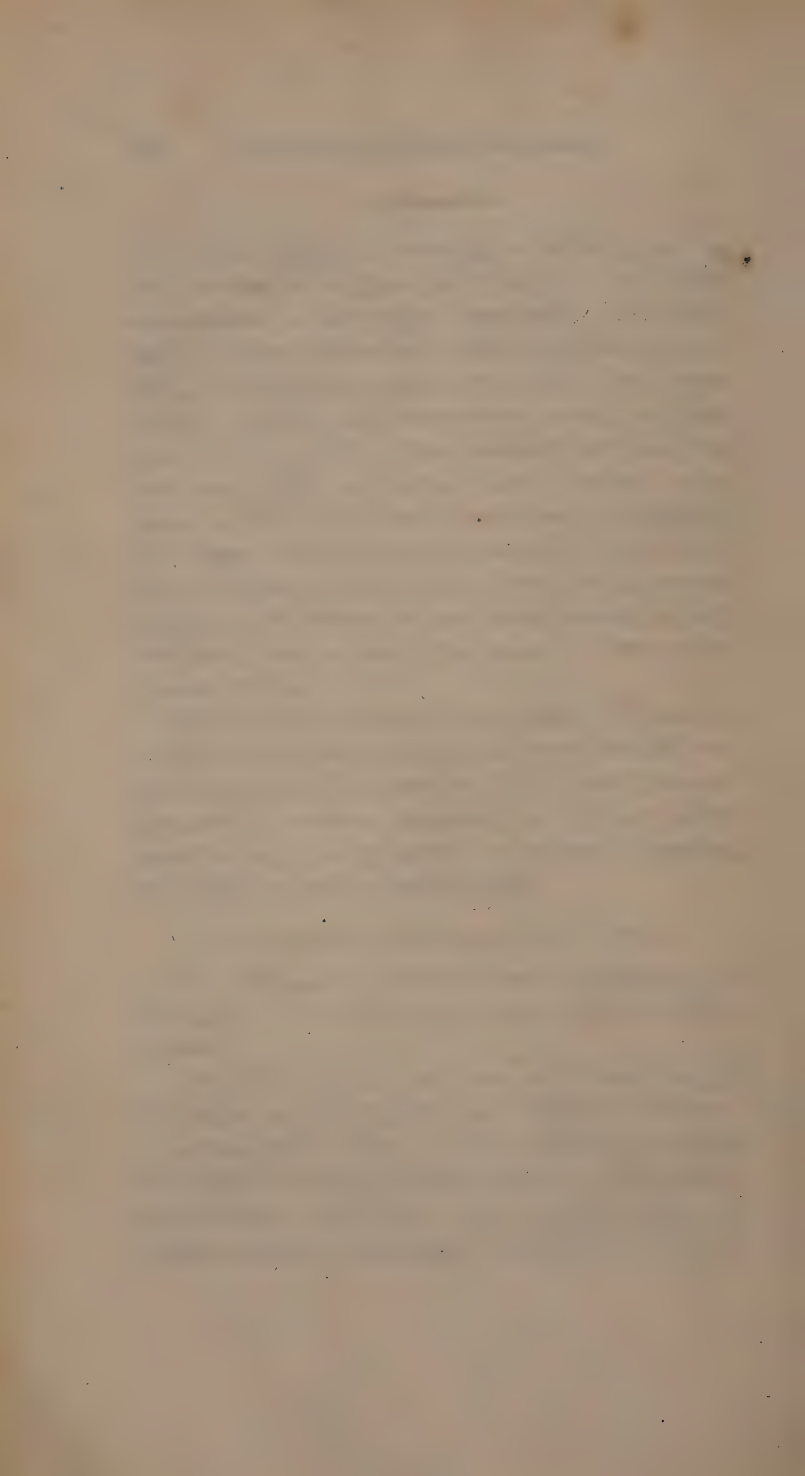
The necessity of accurately investigating the mode of attack, and the probable causes of every individual fever, and also of a watchful attention to its general type and progressive variations, inculcated, as the only means either of justly comprehending, or successfully treating, this multiform and important disease.

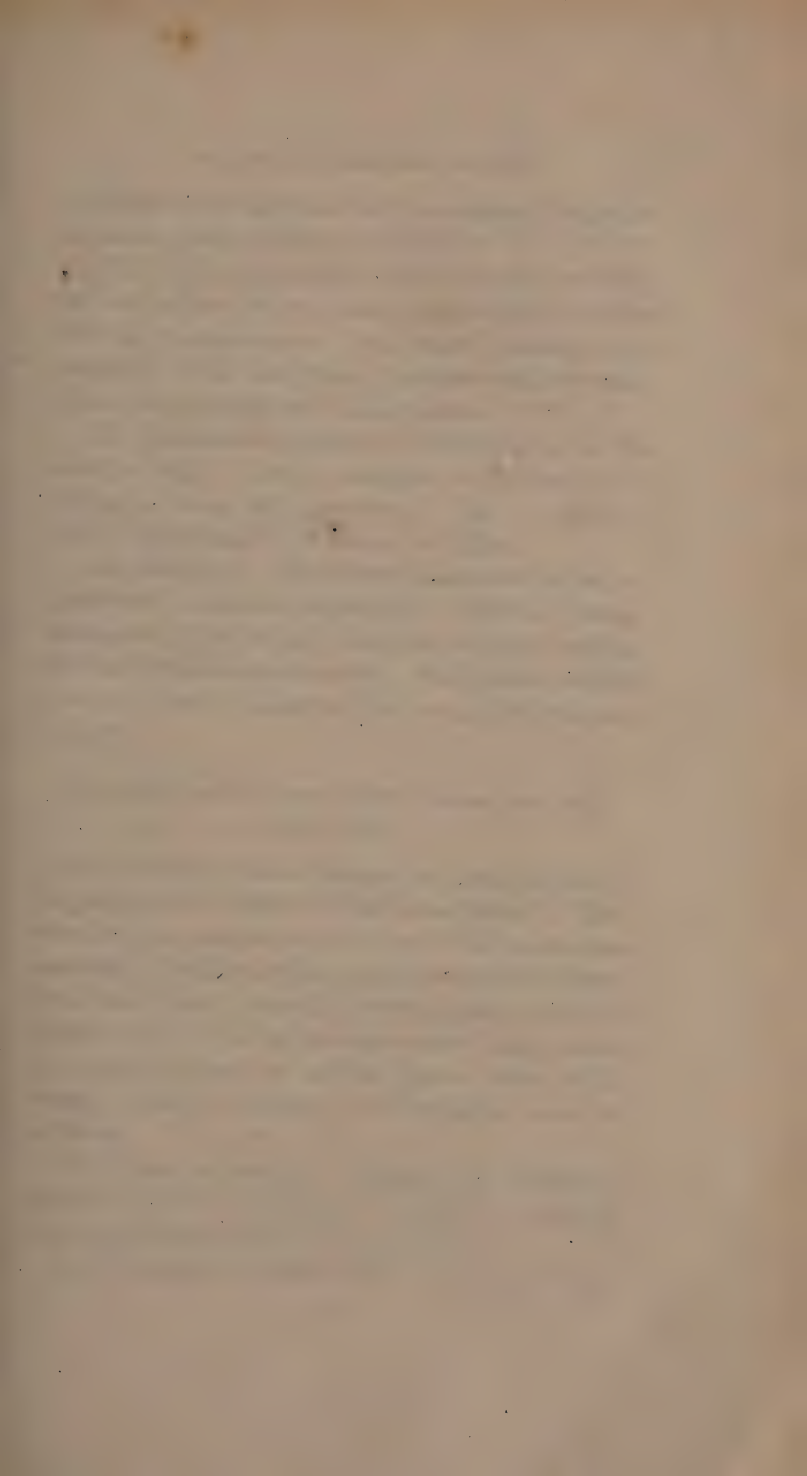
OF SIMPLE INFLAMMATORY FEVER.

175. The *καύσος*, or *febris ardens* of the ancients? the *SYNOCHA* of Cullen;—origin and meaning of these names.

176. Characteristic symptoms;—chilliness followed by violent and continued dry heat,—flushed countenance,—suffused redness of eyes and skin,—frequent, strong, and hard pulse;—acute pain of head and loins;—heaviness—and aching of the limbs;—white and dry tongue;—thirst;—costiveness, and high-coloured urine;—vigilance,







or disturbed and delirious sleep;—occasionally tightness across the chest, intolerance of light, &c.

177. Why not so common as the other kinds of fever, and why perhaps less so now than in former ages,—shewn from the circumstances of constitution necessary to its existence. What description of persons especially liable to it.—Predisposing and exciting causes.

178. Sometimes terminates in inflammation of the brain, — lungs, — liver, — intestines, — or joints; — or changes its form, and approaches to that of typhus,—thereby constituting the *Synochus* of Cullen.

179. Remedies:—Bloodletting general and topical,—Cathartics,—antimonial diaphoretics.—Digitalis.—Nitre. Blisters;—Cold affusion?—Remarks on these, and on certain combinations of medicine which display peculiar powers.—Emetics seldom required or useful in Synocha; and why.

OF THE SUB-INFLAMMATORY FEVER OF COLD CLIMATES.

180. The *Synochus* of Cullen:—his definition of it.—Circumstances in which it differs from *Synocha*, illustrated by—the season of the year,—the constitutions and habits in which it chiefly takes place, and the symptoms that attend it; especially by the speedy and great change from the *first* or sub-inflammatory stage, to that of *impaired power*, as marked by—the state of the tongue,—pulse,—excretions,—countenance,—eyes,—and brain.

181. Question—how far connected with Contagion, either as a *cause* or *consequence*;—and therefore, in what sense Dr. Cullen's definition to be admitted.

182. Variation of treatment from that proper in Sy-

nocha :—an opposite *extreme* too often pursued in the *Second* stage ;—reason of this mistake, and its bad consequences shewn.—Why Venesection *less*, but local bleeding and purging *more* necessary.—Certain purgatives especially useful: proofs of this; and marks whereby to regulate their frequency and strength.

183. Other means proper :—Local bloodletting,—Diaphoretics,—Pediluvium ;—and occasionally Emetics,—Blisters,—Opiates,—as indicated by particular symptoms.

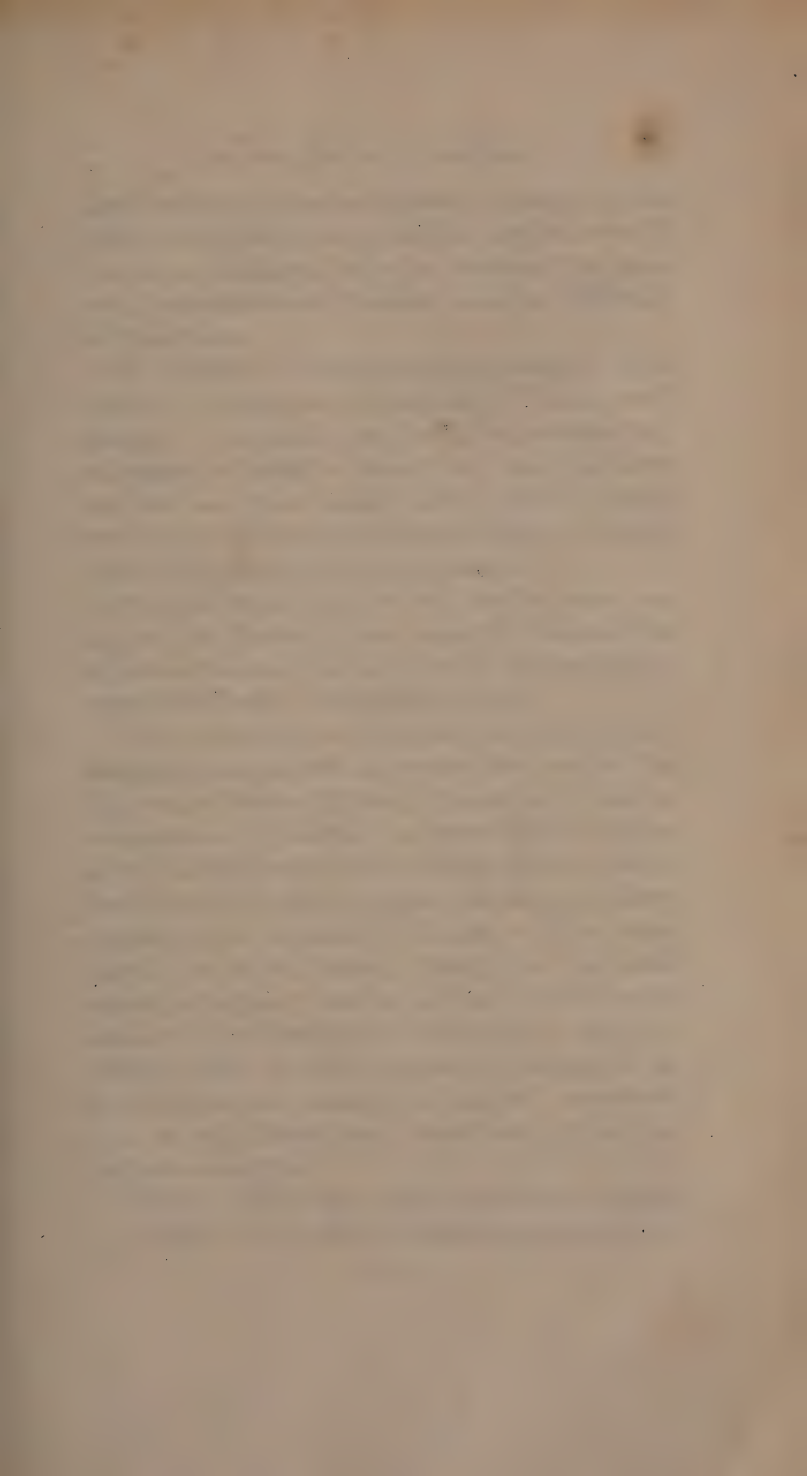
OF INTERMITTING AND REMITTING FEVERS.

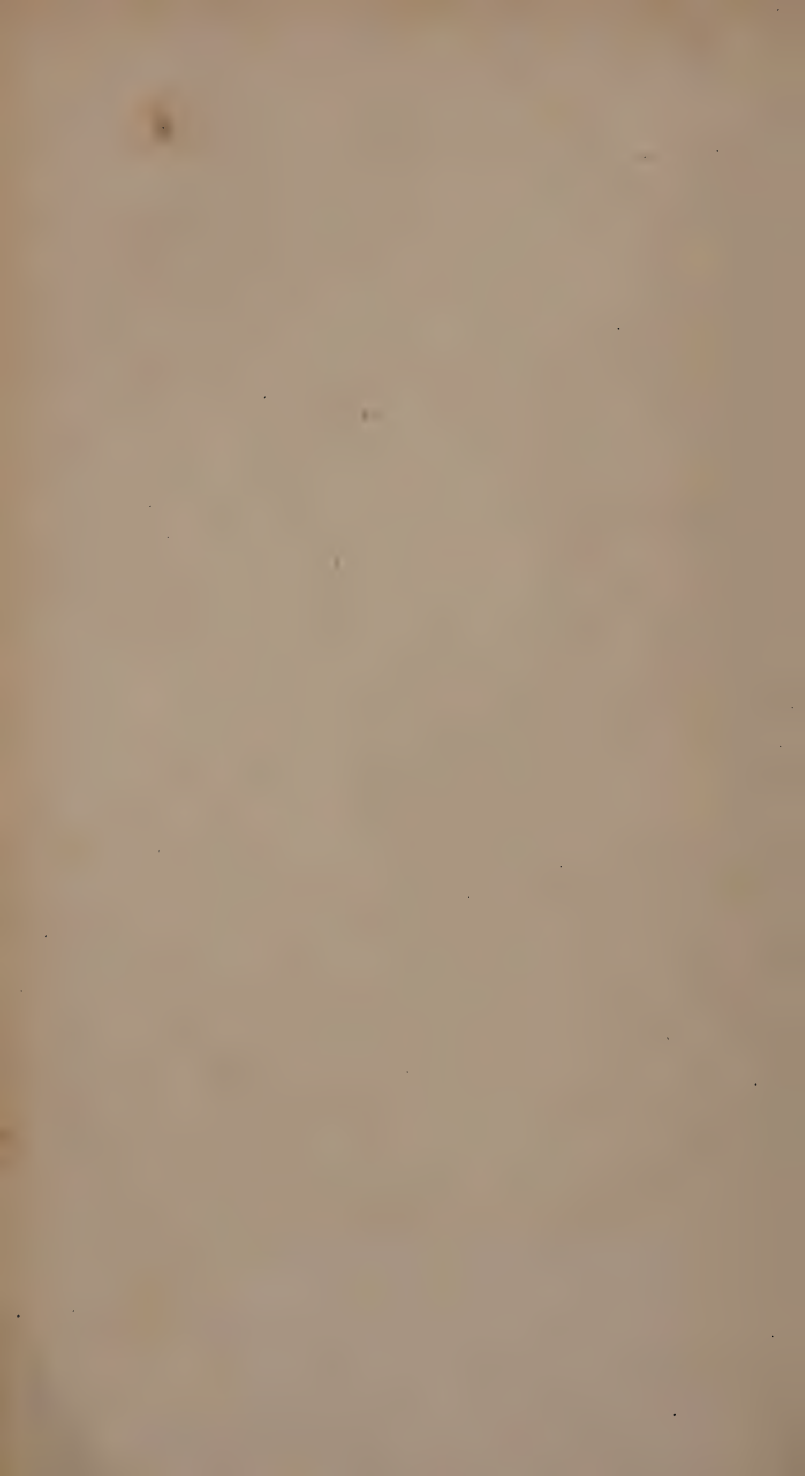
184. DEFINITION ;—Fever consisting of repeated paroxysms, which seldom recur oftener than once in twenty-four hours, and have a complete intermission, or very considerable remission between them.—Vulgarly termed Agues ;—whence the name.

185. The symptoms attending the respective stages of an Intermittent, already described (par. 15.)

186. Phytoseptic Miasmata (51) or the vapour arising from moist soils impregnated with a quantity of vegetable matter in a state of *septic* decomposition,—the *essential cause* of both Intermittent and Remitting Fevers ;—hence such fevers *endemic* in marshy districts ; and occasionally prevail *epidemically* during very wet seasons, even in high and usually dry places (52), so as to appear contagious.—Reasons for thinking *pure Intermittents* never contagious; but that *Remittents* sometimes are so.—Causes co-operating with Marsh or Phytoseptic Miasmata to give the *remitting* form :—hence shewn why Intermittents and Remittents often change into each other, and both into Continued Fever ;—why reverse of this last change less frequent.

187. Intermittents in temperate and cold climates





most common in Spring and Autumn:—reason of this, —and also why the *vernal* are milder, with somewhat of inflammatory diathesis, while the *autumnal* are more severe, and rather shew a tendency to the low continued, or typhoid form.

188. Division of Intermittents according to their periods of recurring;—as Quotidians,—Tertians,—and Quartans:—occasional instances of more distant periods, as Quintans,—Sextans,—Octans, &c.;—but these latter very rare, and then seldom steady.—Other divisions into Single,—Double,—and Triple Tertians and Quartans;—Sub-intrants or Sub-Continued, &c.

189. First three types by far the most common, and especially the Tertian.—Their respective characters as to hours of attack,—length and severity of paroxysm,—comparative danger,—and difficulty of cure.

190. Intermittents and Remittents also variously denominated from particular or predominant symptoms; as *Leipyrria*,—*Assodes*,—*Elodes*,—*Syncopalis*,—*Carotica*,—*Epileptica*,—*Tetanodes*, &c. accordingly as the paroxysm is chiefly marked by—unusual coldness—excessive heat and dryness,—profuse and long continued sweating,—or is attended with fainting,—stupor,—convulsion,—or violent spasms.—Lastly, they are called *regular* or *irregular*, *mild* or *malignant*, *bilious* or *inflammatory*,—accordingly as their type is steady or variable,—their symptoms moderate or dangerous—or as they appear with redundant or deficient excretion of bile,—or with inflammation of some important part, viz. the liver,—lungs, &c.

191. These distinctions (190) often useful in directing our attention to the relief of certain organs and func-

tions of primary consequence; and especially in those countries where such fevers proceed with great rapidity to a fatal termination,—or to lay the foundation of other slower, though not less dangerous diseases:—But those denoting *the period of recurrence*, most important in general; as marking the time we have to employ with effect some of the most valuable remedies.

192. PROGNOSIS,—to be drawn from the age,—constitution—and habit of the patient;—the season of the year;—the type of the fever,—its degree,—its being sporadic, or epidemic;—and its being simple and regular,—or anomalous, and accompanied with other diseases.

193. Consideration of the question made by several authors—How far it is right to put an early stop to mild intermitting fever.

194. THE TREATMENT of SIMPLE INTERMITTING FEVER consists in,—

FIRST,—*When the paroxysm is approaching*,—(and provided the strength and other circumstances will allow of it) administering near to the period of accession, certain remedies capable of exciting an opposite action or commotion in the system, so as to break through or suspend the morbid train about to take place, and thereby entirely supersede or greatly mitigate the expected attack; e. g. Emetics;—Opiates, either alone or combined with Calomel.—Various stimulating articles taken into the stomach, or applied externally.—Compression of the femoral arteries.—Circumstances under which one or other of these means is more especially proper;—or which give a preference to certain individual articles over others capable of fulfilling the general intention.—Remarks on the operation of various mental impressions

Gallæ sylinger. Lig. Aoven. sh. d. be
left untill the last - in one instance
it induced epilepsy. Zinc sulph. grs
see gr. of Copper the 6th or 8th of a
grain. Chalybeates should be given only
where there is a deficiency of red blood;
sh. d. be avoided especially in visceral
obstructions, as should all astringents.
If there be (197) congestion in
the brain; M. M. Cupping or
Arteriotomy.
Diarrhoea, unless bilious, sh. d. be restrain-
ed by Vinum Opi in small doses
with bark.
Enlarged spleen (as the Walcheren)
M. M. Cupping: purges, & Calomel
slightly to affect the salivary glands.

in the cure of Ague;—and conclusions from thence as to the essential nature and primary seat of the disease.

195. SECONDLY,—*When the paroxysm is already present*,—Mitigating the violence of the symptoms proper to the several stages respectively; as—Of the *Cold Stage*, by the warm bath,—pediluvium,—warm diluents, &c.—Of the *Hot Stage*,—by bloodletting (?)—by Cold Affusion (?)—by Opiates,—cool drink,—Nitre,—Antimonialia,—Purgatives, &c.—Of the *Sweating Stage*,—by regulation of external temperature,—cooling sub-acid, or diluted vinous liquors.

196. THIRDLY,—*When the paroxysm is over*,—Taking advantage of the intermission, to increase the tone and vigour of the System, and thereby to postpone, mitigate, or entirely prevent a recurrence, as well as to obviate the chance of subsequent diseases;—by—various vegetable tonics,—as Cinchona,—Cort. Salicis,—Cort. Swieteniae;—Cascarilla, &c.—by simple bitters, either alone or combined with Vegetable or Fossil Astringents and with Aromatics;—by certain metallic preparations,—as Liquor Arsenicalis,—Sulphas Zinci et Cupri,—different Chalybeates? &c.—Directions as to the choice, dose, and management of these several remedies.

197. Variation of treatment necessary when the Intermittent is accompanied with inflammation or congestion in the—liver,—lungs,—brain, &c.—or attended with diarrhoea or dysentery,—or with obstructed or enlarged liver or spleen, and their consequences,—jaundice,—dropsy, &c.

198. REMITTING FEVER.—A compound disease, made up of Intermittent and Continued Fever combined in various degrees and proportions; and having a

well-marked double or single quotidian, or a tertian exacerbation.—Requires therefore a mixed plan of treatment, regulated by the predominance of the Continued or Intermittent type,—by the nature of the Cause which co-operates with the Miasmata to give an inflammatory, —bilious,—or typhoid form;—and by the case being attended by some prominent and urgent symptom, or complicated with some other disorder (197.)

OF THE ENDEMIC FEVER OF TROPICAL CLIMATES.

199. CAUSES of this fever operating on the natives and long resident inhabitants of such climates, but still more upon new comers; viz.—miasmata,—heat,—fatigue,—occasional intemperance,—certain conditions and sudden changes of the atmosphere.—Assumes the *Continued*, —*Remittent*,—or *Intermittent type*, according to—the season of the year, the constitution of the patient,—and the combination of exciting causes.—Often changes with the season, and other circumstances, from one of these types to another.

200. SYMPTOMS of the two first types, as constituting the *ordinary Bilious Continued*, and *Bilious Remitting Fever* of hot Climates.

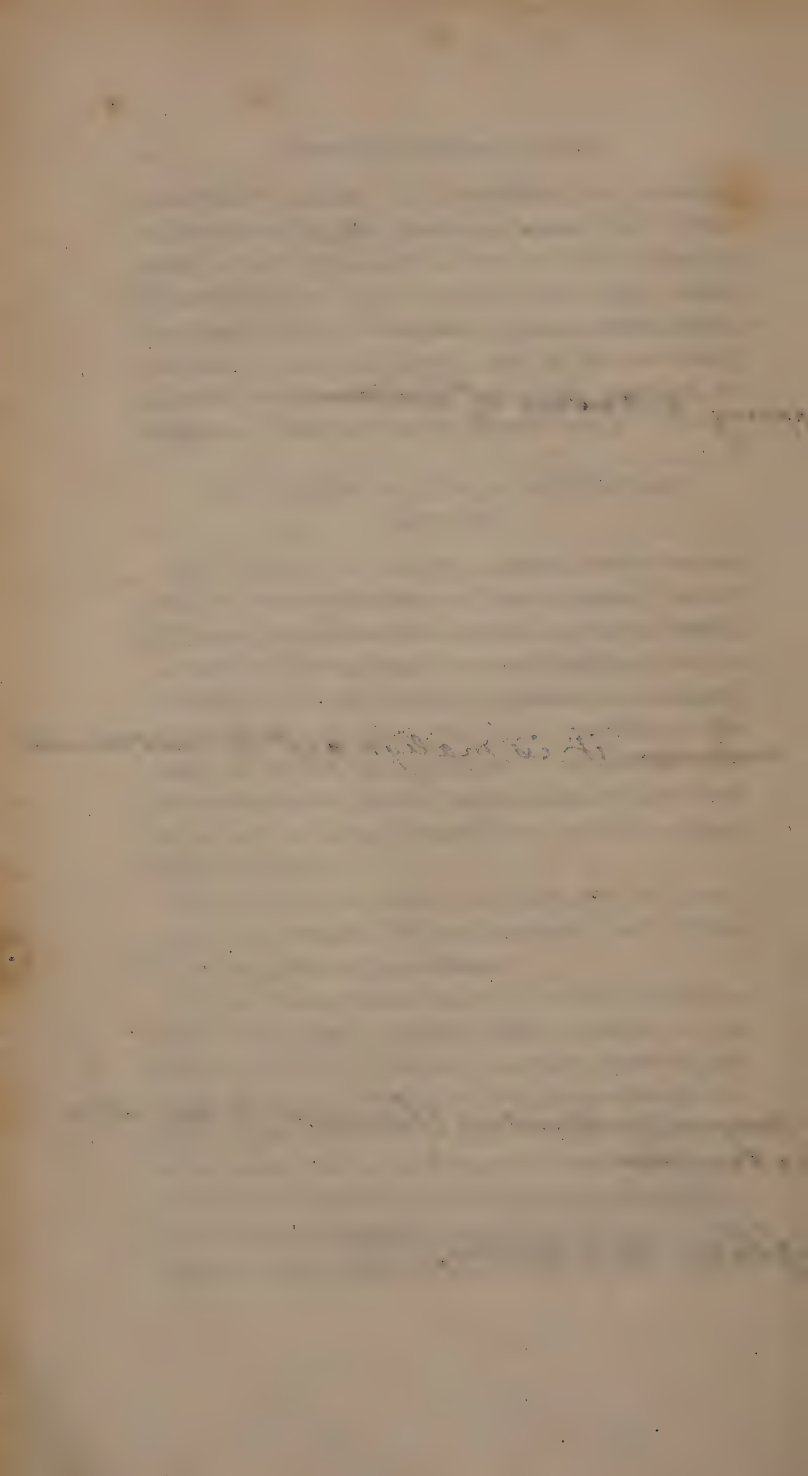
FIRST STAGE,—heaviness,—anorexia,—general lassitude,—occasional transient chills, succeeded by hot flushes, and these by continued and often intense heat of skin,—quick and throbbing, or hard pulse;—headach;—glairy, white, or buffy tongue;—nausea,—pain, and often burning heat at stomach,—retching,—vomiting of slimy or bilious matter;—great restlessness,—deep sighing,—excessive anguish and sense of oppression, particularly referred to the præcordia;—flushed countenance;—

Cupping & doses of Salomae -

In autumn it is malignant & continued.

The tongue indicates the worst, when of a
leadem hue -

The flush of a dusky red -



200. The partial sweats give no relief.

suffused yellowish redness of eyes; high coloured bilious urine,—strangury;—partial sweats, of a peculiar faint smell;—great watchfulness;—delirium.

SECOND STAGE;—Pulse becomes weaker, and less frequent;—heat considerably diminished;—clammy perspirations;—tongue black and crusty;—retching almost incessant, often bringing up a coffee-coloured matter;—hiccup;—black and foetid urine and stools;—death-like sensation of faintness at times: Occasionally, yellowness of the whole body—lethargic stupor or wild delirium;—tremors,—convulsions,—death.

201. *Anomalous Symptoms*;—general or partial numbness;—tetanic spasms;—suppression of urine;—syncope;—great coldness of particular parts, &c.

202. SYMPTOMS especially marking the *aggravated* form of the Tropical Endemic, and constituting the *Causus Icterodes*, or ARDENT YELLOW FEVER.

FIRST STAGE;—Sudden and violent attack of pain in the head, back, thighs and legs,—with giddiness,—great prostration of strength, and often a fit resembling the stupor of apoplexy or intoxication;—acute burning pain at stomach, and almost continual vomiting, at first of slimy, but afterwards of dark coloured, and sometimes bloody fluid;—eyes red and protruding; face and neck suffused and tumid;—countenance grim and terrific;—arid scorching heat of the skin;—tongue leaden-coloured and glairy, or morbidly clean and red;—intense thirst;—extreme restlessness and anxiety;—hæmorrhage from the nose.

SECOND STAGE;—After a paroxysm marked by a number of these symptoms, and lasting from a few hours to two or three days, a deceitful appearance of remission takes place; the vomiting, headach, burning heat, and

delirium, greatly abate, or nearly disappear; the pulse loses its hardness, and falls even below the natural frequency: the patient eats, drinks, and declares himself well or nearly so. But the interval is often short; and either a repetition of the same violent symptoms takes place, with marks of *greatly diminished power*, or the patient sinks at once into a comatose state, only interrupted by hiccup, and vomiting of dark coloured fluid,—with black and fetid stools,—yellow suffusion of the skin, varying in degree from a sallow hue to a deep orange tint,—interspersed with livid blotches, or ecchymoses, and accompanied with discharge of blood from various parts, especially the nose, mouth, and intestines;—the scene closing either in a convulsive struggle,—a state of torpid apathy,—or in a calm and collected resignation of life.

203. Such the general picture; but various anomalies observed in the mode of attack;—and in the number, violence, and duration of the symptoms; arising from—constitution and habit,—the nature and degree of the predisposing and exciting causes,—and the neglect or employment of preventions measures,—or the mode of treatment adopted at the first onset of the disease.

204. CAUSES tending to produce this aggravated form of the Tropical Fever, and operating especially on newly arrived Europeans; viz.—irritable, tense fibre;—plethora;—rich blood;—sudden change of climate;—imprudent exposure to the sun's heat, or night air, and dews;—continuance of accustomed but unsuitable diet and habits;—anxiety of mind and fear of death,—or despondency and indifference to life.

205. Question—how far depending upon stationary endemic causes of soil and temperature,—or upon occa-

sional and peculiar influence of atmosphere;—and whether ever contagious: with the variance among writers concerning these points. Proofs of its being occasionally *joined* with contagion, and assuming a new character in consequence, viz. the *Typhus icterodes*, or **MALIGNANT YELLOW FEVER**.

206. Description of appearances on dissection, and the remarkable discordancy of different writers.—Opposite opinions also respecting the yellowness;—and an attempt to solve the difficulty, and establish some general and consistent views of the disease.

207. **PROGNOSIS**—extremely uncertain; but, in general, proportioned to the *violence of action* on the one hand,—and the *defect of power* on the other.

208. **TREATMENT** of the **ARDENT** or **MALIGNANT YELLOW FEVER**, hitherto very dissimilar, and extremely unsuccessful:—Causes of this.—Remarks on the different means recommended, and an endeavour to shew, how far they are respectively adapted to the general nature, the present stage,—and the particular predominant symptoms of the complaint.

209. **FIRST STAGE**:—Bloodletting, general and local:—Cathartics; what kinds best.—Cold affusion:—Oily friction.—Emetics?

210. **SECOND STAGE**:—Tepid bath or affusion, either alone, or alternated with cold affusion.—Spiritous fomentation.—Blisters.—Mercury.—Opiates.—Antimonial?—Cinchona?—Quassia and other Simple Bitters:—Cusparia:—Cascarilla:—Serpentaria:—Æther:—Ammonia:—Vinous and Malt Liquors.—Essence of Spruce?—Spruce Beer.—Coffee.—Acid Fruits.—Cold Water, &c.

OF THE NERVOUS FEVER.

211. The *Febricula* of Manningham,—the *Slow Nervous Fever* of Huxham,—the *Typhus mitior* of Cullen.—Reasons for preferring the name adopted above, as designating a description of fever requiring a particular treatment.

212. SYMPTOMS ;—general languor and lassitude ;—loss of appetite, and depraved taste ;—dulness and confusion of thought ;—sadness of mind, and dejection of countenance ;—respiration short, with frequent sighing ;—general chillness, with occasional transient and partial flushings,—and disturbed or unrefreshing sleep :—these often continuing for several days without confinement, and with but little notice, till followed by—aching in the back and limbs,—dull pain in the head, especially the occiput ;—giddiness, and tinnitus aurium ;—nausea, and vomiting of insipid fluid ;—frequent, weak, and often intermitting pulse, with sense of anxiety and oppression about the *præcordia*, and excessive faintness, especially in the erect posture.—There is still little thirst or heat of skin ;—the tongue is tremulous, moist, and covered with a whitish mucus ;—the urine watery or whey-coloured ;—and the bowels rather costive :—but as the disease advances, the heat increases,—the tongue becomes dry, and brown, or morbidly red,—the urine scanty and high-coloured,—and either considerable sweating or diarrhœa comes on, with deafness, drowsiness, and delirious sleep—or *coma*, *subsultus tendinum*,—cold extremities—clammy sweats, and involuntary discharge of urine and stools take place, followed by slight convulsions and death.

213. PROGNOSIS.—A salutary crisis is often preceded by slight ptyalism, or moderate diarrhœa ; but

the first of these is the fact that the
the second is the fact that the
the third is the fact that the

the fourth is the fact that the
the fifth is the fact that the
the sixth is the fact that the

the seventh is the fact that the
the eighth is the fact that the
the ninth is the fact that the

the tenth is the fact that the
the eleventh is the fact that the
the twelfth is the fact that the

the thirteenth is the fact that the
the fourteenth is the fact that the
the fifteenth is the fact that the
the sixteenth is the fact that the
the seventeenth is the fact that the
the eighteenth is the fact that the
the nineteenth is the fact that the
the twentieth is the fact that the

the twenty-first is the fact that the
the twenty-second is the fact that the
the twenty-third is the fact that the
the twenty-fourth is the fact that the
the twenty-fifth is the fact that the
the twenty-sixth is the fact that the
the twenty-seventh is the fact that the
the twenty-eighth is the fact that the
the twenty-ninth is the fact that the
the thirtieth is the fact that the

the thirty-first is the fact that the
the thirty-second is the fact that the
the thirty-third is the fact that the
the thirty-fourth is the fact that the
the thirty-fifth is the fact that the
the thirty-sixth is the fact that the
the thirty-seventh is the fact that the
the thirty-eighth is the fact that the
the thirty-ninth is the fact that the
the fortieth is the fact that the

the forty-first is the fact that the
the forty-second is the fact that the
the forty-third is the fact that the
the forty-fourth is the fact that the
the forty-fifth is the fact that the
the forty-sixth is the fact that the
the forty-seventh is the fact that the
the forty-eighth is the fact that the
the forty-ninth is the fact that the
the fiftieth is the fact that the



especially by a gentle, warm, and equable perspiration.—Deafness without insensibility is favourable, as are scabby eruptions about the mouth, or boils in other parts:—while profuse evacuations,—partial clammy sweats,—cold extremities, subsultus,—and insensibility,—with tremulous pulse,—portend great danger.

214. The CAUSES *predisposing* to this form of fever are,—a thin, pale, and weak habit of body,—great sensibility of mind,—much study and watching,—vegetable or poor diet,—grief,—anxiety,—profuse evacuations,—excessive venery.

215. The EXCITING CAUSES are,—Cold, especially with moisture;—Occasional Debauch,—Contagion.

216. General character of the disease deduced from these several circumstances.

217. TREATMENT as founded on this character:—Early brisk Emetic:—Gentle laxatives;—Blisters—Diffusivediaphoretics—Pediluvium,—Camphor,—Musk,—Castor?—Opiates;—Wine;—Serpentaria,—Ammonia.—Serum vinosum vel Sinapeos:—&c.

OF TYPHUS FEVER.

218. The *Malignant contagious*,—*Petechial*,—*putrid*,—*Jail*,—*Hospital*, and *Ship Fever* of Authors:—Whence these names;—Derivation of the word TYPHUS,—and reasons for adopting it.

219. SYMPTOMS,—in the beginning occasionally like those of Nervous Fever (212); but the attack in general more sudden and violent, and the progress more rapid and alarming:—usually considerable chillness,—gradually ending in, acrid, and often burning dry heat with little remission;—great prostration of strength, general

anguish of body and depression of spirits;—short and anxious breathing;—nausea, and vomiting, sometimes bilious;—pulse quick, small, and occasionally hard;—distressing headach,—noise in the ears,—and throbbing at the temples;—eyes sunk, dull, and listless, with dusky, sallow, dejected countenance;—or ferrety, red, and rolling, with flushed countenance, and restlessness or fierce delirium;—tongue generally foul, often brown or black, with parched blackness of the lips, and fetid sordes about the teeth:—sometimes considerable thirst, sometimes none.—Urine scanty;—at first little changed, but progressively becoming high-coloured, sometimes greenish, or sooty, and generally of a strong peculiar smell.—Stools dark coloured and offensive, and in the advanced stage often profuse and involuntary:—Occasionally hæmorrhage from the nose, intestines, &c. but oftener extravasations of blood from the cutaneous vessels, producing red, purple, or livid spots, weals, or marks like bruises, on the neck, breast, arms, and other parts; and by their colour and extent shewing the malignity and danger of the disease.

220. Great variety in the symptoms, in number, degree, and kind; arising from—constitution,—habit of body,—climate and season,—prevailing epidemic influence,—and the force and concurrence of the several predisposing and exciting causes.—Account of the chief varieties, as shown in the principal organs and functions affected,—and leading to important steps in the treatment.

221. PREDISPOSING CAUSES—not only those enumerated in par. 214, but many others,—some of them opposite in their nature;—plethora (32),—long continued heat;—excess in animal food and strong liquors;—foul air;—epidemic influence.

222. The grand EXCITING CAUSE—accumulated human effluvia, or the morbid vapour arising from the bodies of persons confined in close apartments, especially if already labouring under the same complaint, or even under Remitting Fever.

223. PROGNOSIS :—A gentle, universal, warm perspiration, with diminished frequency and increased fullness of pulse,—cleaner tongue,—scabby eruptions about the mouth,—and moderately loose stools, are favourable changes :—while partial clammy sweats,—weaker, and irregular, or tremulous pulse,—dry, black, and chopped lips and tongue,—tension of the abdomen,—involuntary urine and stools,—coma, or constant delirium,—plucking the bed-clothes,—laboured respiration, and difficulty of swallowing,—precede a fatal event.

224. General character of the disease,—as deduced from its prominent symptoms, and its chief exciting cause,—contrasted with that of Nervous Fever, and applied to the plan of cure.

225. THE TREATMENT—consists, in part, of all the three indications already considered under the *General Cure of Fever*; but especially—in the *First Stage*—diminishing excessive *action* without lessening *power*;—and (where the strength will permit) trying to supersede the *febrile* by exciting *another* commotion :—in the *Second Stage*,—by increasing or restoring those functions and actions which are impaired or suspended,—so as to maintain the power of the system until the *specific febrile impression* has ceased;—and, as a principal means of effecting this, correcting the *septic tendency* that displays itself in the secreted fluids and circulating mass :—Throughout the whole progress of the case, paying attention to every urgent symptom, whether proper to the disease, or accidentally conjoined with it.

226. Remarks upon the several remedies more especially calculated to answer these intentions,—and the *stages* or *circumstances* of the disease, to which they are respectively adapted ;—Early Emetic—particular laxatives ;—Cold Affusion ;—Leeches ;—Blisters ;—Diaphoretics ;—Pediluvium, and tepid Bath or Affusion ;—Wine ;—Serpentaria, —Cinchona ;—Acids ;—Carbonic Acid Gas,—Fermenting liquors,—Yeast ;—Opiates ;—Camphor ;—Phosphorus? &c.

OF INFLAMMATION IN GENERAL.

227. Though the rise, progress, and result of Inflammation are more obvious than those of any other diseased state, yet its nature in general, and its treatment in particular circumstances, by no means agreed upon.—The subject highly important.

228. Essential symptoms. ;—pain ;—increased redness and heat,—with swelling or tension of the part :—these varying greatly, both in positive degree and in relative proportion.

229. Example of the progressive steps (228) shewn in Ophthalmia from external irritation.—Preternatural accumulation and distension evident.—Proofs of these taking place more especially in the *ultimate arteries* and *veins*,—from the number and course of the vessels,—from injecting the part.—Conclusion from hence as to the real seat of inflammation.

230. Similar phenomena (228,-9) occur *spontaneously* also.—Various theories adopted at different times to explain them :—unnecessary to discuss all these.—Boerhaave's (as it is usually called) first deserving notice : recapitulation of this (60) ; and its application to solve the phenomena, shewn to be inadequate.

231. General preliminary sketch of the Sanguiferous System:—Arteries chiefly composed of *elastic* and of *muscular* coats, which, though in a certain degree *antagonists*, yet co-operate in carrying on the circulation.—Relative proportion of these two coats alters as arteries diminish in size.—Reasons for believing, that the ultimate *veins* also possess a certain degree of muscular structure.—Future application of these data. (236.)

232. Universal property of living muscular fibre, to contract upon the application of various agents, collectively denominated *stimuli*.—Question,—whether susceptibility of muscular fibre to receive impressions from *stimuli*, be *inherent* or *derived*,—not necessary to the present subject;—but all susceptibility evidently dependent on nervous influence, and the latter opinion most probable in Man, and the more perfect animals.

233. Muscular fibres of arteries, in common with all others, are excited to contract by every agent, whether *mechanical*, *chemical*, or *specific*, that can be applied to them:—but THE BLOOD their *peculiar* and *proper* stimulus,—and its action threefold.

234. Generation or evolution of animal heat, the most splendid physiological discovery of the present age.—Short recapitulation of the theory (77-81); and the conclusion of its being a *vital* as well as *chemical* process, shewn to be additionally confirmed in Inflammation.

235. In healthy state, stimulus of blood and susceptibility of arteries exactly balanced.—*First* effect of over-stimulus on muscular fibre—*excessive contraction*;—*second* effect—proportional *fatigue*, and *relaxation*.—Application of this to the case of inflammation excited by *external* stimulus (229.)

236. Every inflammation a state of *capillary congestion*, greatest at central point, and gradually lessening as we recede from this.—Inflammation always begins in capillary vessels and smaller branches;—this accounted for from their structure, (231)—and shewn to be a wise provision.

237. More modern doctrines of Inflammation examined.—Theory of Dr. Cullen;—supposes the proximate cause of spontaneous inflammation to arise, from *an unusual quantity of blood being THROWN upon the smaller vessels, exciting increased action in them, which is supported by Spasm on their extremities.**—Spasmodic constriction of arteries shewn to take place in certain states of inflammatory disease affecting the sanguiferous system at large:—this, however, not on the *extreme* arteries, but on the larger vessels and their branches;—and not of uniform occurrence even on them.—Still less evidence of spasm on extreme arteries or veins when inflammation altogether local.—Conclusion against the doctrine in question.

238. Dr. Fowler's theory of inflammation—as consisting in *increased action alone*, †—more simple than Dr. Cullen's; and sufficiently explains both the phenomena and treatment of *tonic* inflammation,—but not applicable to the opposite kind.—Does not require a separate consideration;—as the establishing *two forms* or *kinds* of inflammation, necessarily supersedes this as a *general* doctrine.

239. Latest theory—making Inflammation consist entirely in a *weakened and over-distended state of the capillary arteries*,—referred to Dr. Lubbock and Mr. Allen

* *First Lines of the Practice of Physic*, § CCVLV.

† *Tentamen Inaug. Quædam de Inflammatione complectens*. Auctore RICARDO FOWLER. Edin. 1793.

as its authors;—but published by Vacca in 1765, and subsequently maintained by Winterl and Callisen.—Examination of it as delivered by Dr. Wilson.*

240. Takes for his example a state of *advanced* inflammation, in which the capillary arteries already *considerably dilated*, and of course *muscularly weakened*.—But *debility* and *increased action* not incompatible:—familiar illustration of this.—Action, however, not progressively increasing whilst inflammation continues;—often arrives at greatest height very soon, and afterwards declines more or less rapidly according to circumstances:—but no period of inflammation wherein *action* not present.

241. Dr. Wilson's trials on frog's foot with Alcohol, shewn to be inconclusive, from the torpid nature of the animal, and the *sedative* operation observed from this article in the experiments of Dr. Monro.—This virtually admitted by Dr. Wilson himself in the instance of the frog's heart.—The result of his experiment on the mesentery of a rabbit, equally inapplicable, from the degree of mechanical violence used, and the well known effects of contusion in various injuries.—His objections to Dr. Fowler's experiment on a rabbit's ear, examined, and proved to be futile.

242. Account of experiments made to determine this question.—*First* effect of strong stimulus, increased velocity of circulation;—*second* effect, great distension of vessels, and comparatively slow motion of blood in them;—but still rapid in the adjoining, and as yet undistended capillaries:—the same acknowledged by Dr. Wilson.—Application of this to the case of progressively extending

* *A Treatise on Febrile Diseases*, by ALEX. PHILIPS WILSON, M. D. Vol. iii.

inflammation.—Proofs of the blood not being stagnant during inflammation, in warm blooded animals.

243. Falsity of the theory in question (239-41) finally demonstrated, by shewing the mischief to which it would lead in practice.

244. Short recapitulation of the several doctrines examined above (230-7-8-9), and general conclusion respecting them.

245. Inquiry into the cause which *more immediately* and *chiefly* maintains the circulation through the capillary Arteries and Veins ;—and arguments to shew, that although *intimately connected with* their muscular substance, it does not *absolutely depend upon* muscular motion.—Facts demonstrating,—That a muscle may have its contractile *nisus*, or effort, greatly augmented, and its *power* thereby impaired, without actual shortening of its fibres.—Application of these principles to the phenomena of Inflammation ;—and attempt to explain them upon—A CHANGE IN THE RELATIVE NEURIELECTRIC OR GALVANIC STATE OF THE EXTREME VESSELS, AND THE PARTICLES OF BLOOD.

REMOTE CAUSES OF INFLAMMATION.

246. These various, and even opposite ; but all either *directly* or *indirectly* produce *increased action* ;—all therefore either *directly* or *indirectly stimulant* (232).—Abstract nature of *stimulus* obscure ; but its operation shewn to be *primarily* and *essentially* upon the nerves, and, *cæteris paribus*, proportioned to their number and sensibility in any part.

247. Universal effect of *direct stimulus* within certain limits—to increase the *susceptibility* or *feeling* of the stimulated part ;—and this increase proportioned to the

original sensibility, and the degree of stimulus applied:—whence during it, even the natural and customary stimulus of the blood becomes morbidly great.—Prodigious increase of sensibility under inflammation, shewn in certain membranes:—and Haller's conclusion respecting the seat of pain in such cases, refuted.

248. Where *direct* stimulus applied in excess, the remote or exciting cause of inflammation obvious. But inflammation, both topical and general, often follows the application of *Cold*, and often arises *spontaneously*:—how then account for these?

249. Apparent dilemma here; but the fact perfectly reconcileable with true Physiology and Pathology;—and both *Inflammation* and *Gangrene* from Cold, satisfactorily explained.—Illustration in the case of a naval officer.*

250. Spontaneous inflammation alledged by some to arise from *irregular distribution of blood* (237); this cause, however, both gratuitous and inadequate.—Inflammation of considerable organs during fever, generally attributed to particular *weakness* of them;—but *weakness* shewn to be a term of vague meaning, as accompanying states of the body very differently disposed with respect to inflammation.

251. Another explanation offered, and *primary cause* traced to change in Nervous Influence.—Application of this shewn to be universal.—Determination to particular parts or organs, however, no doubt *aided* by constitution, —prevailing epidemic influence, —peculiar Contagion;—and perhaps by other circumstances not easily accounted for.

* See *Observations on Apparent Death, &c.* By JAMES CURRY, M. D. F. A. S., &c. 8vo.

DIVISION OF INFLAMMATION INTO TWO PRINCIPAL KINDS, VIZ. THE TONIC AND ATONIC.

252. Preliminary observations on *Power* and *Action* in the living body (137); and farther illustrated on the principles laid down in par. 245.

253. Application of this distinction (252) in the example of Ophthalmia; where both kinds frequently take place during the progress of the same attack, only varying in their relative degree.—*Atonic* inflammation the result of repeated attacks of the more *tonic* kind; but inflammation often *atonic* from the first:—striking instance of the latter suddenly occurring in India and in Egypt; and occasionally observed in this country.

254. The difference of inflammation, as to *kind*, farther proved from the mode of cure found most appropriate to each.—Subdivision of *atonic* inflammation as attended with *excess*, or *defect* of sensibility.—General conclusion.

EXPLANATION OF THE SYMPTOMS OF INFLAMMATION.

255. PAIN;—cause of it;—very different in *kind* as well as in degree in different cases:—distinctions of it as *acute* or *obtuse*,—*continued* or *remitting*,—*lancinating*, *pulsatory* or *throbbing*,—*tensive*;—*burning*;—*smarting*.—REDNESS;—why *always* present.—TENSION and SWELLING;—under what circumstances each of these more especially occurs.—HEAT;—its actual increase shewn to be little beyond natural temperature of internal parts;—sensation of it fallacious.

256. Difference in the proportion of these symptoms respectively, in the two *kinds* of inflammation.

OF THE SPECIES OF INFLAMMATION.

257. Inflammation divided by Dr. Smyth, into *five*

species, as occurring in parts differing in structure, viz. in the SKIN—Erysipelatous;—in CELLULAR MEMBRANE—Phlegmonous;—in DIAPHANOUS MEMBRANES;—in MUCOUS MEMBRANES;—in MUSCULAR FIBRES—Rheumatic.*—But all these parts shewn to be liable to simple phlegmonous, or suppurative inflammation; and the above distinctions to be neither correct, nor practically useful.

258. *Structure* of parts rather occasions particular *termination*, than specific difference in *nature* or *kind* of inflammation.—The *Species* chiefly owing to the nature of the *exciting cause*,—as *Variolous*,—*Syphilitic*, &c.;—or to some peculiarity of constitution or habit,—as *Gouty*,—*Scrophulous*,—*Cancerous*,—*Erysipelatous*, &c.

OF THE TERMINATIONS OF INFLAMMATION.

259. The terminations of inflammation reducible to *five* heads, viz. *Resolution*,—*Adhesion*,—*Effusion*,—*Suppuration*, and *Gangrene*,—*Scirrhus* also reckoned by some among the number; but although sometimes a *termination* of inflammation in glandular parts, yet oftener *precedes* and *causes* it.

260. RESOLUTION.—Origin of the term among the chemical and mechanical physicians;—its meaning as now used.

261. ADHESION;—in what circumstances it chiefly occurs;—Mr. Burns's criticism respecting it,—refuted.

262. EFFUSION;—almost peculiar to cavities lined with smooth diaphanous membranes;—variety of the matter effused in different situations and circumstances.

* *Medical Communications*, vol. ii. Art. xix.

263. SUPPURATION ;—occurs in every vascular part except the tendons.—Phenomena accompanying it ;—alteration in degree and kind of pain ;—diminution of heat ;—change of colour in the skin, when near the surface :—rigors, —these perhaps rather a collateral symptom, than direct consequences of suppurative change ;—circumstances under which they especially happen.

264. Enumeration of the principal opinions respecting Pus :—1. BOERHAAVE'S—that it was made up of the various fluids effused into wounds, mixed with a portion of the solids dissolved and slightly putrid, and united into an uniform, white, thick, glutinous, and oily fluid.* —2. GRASHUIS'—that it consisted of various heterogeneous particles both solids and fluids, *but chiefly of the fat*, mixed together, and undergoing an incipient putrefaction under stagnation and heat.†—3. SIR JOHN PRINGLE'S—that it is formed by a fermentative process from the serum effused into ulcers, while the thinner parts are dissipated by the heat.‡—4. DE HAEN'S,—that it is generated in the blood, from a peculiar matter formed there, not only under certain general states of disease that are *not inflammatory*, but in some persons even from a *natural diathesis*.§—5. DR. MORGAN'S,—that it is a new secretion, produced by a peculiar action of the vessels :||—this opinion commonly attributed to Mr. John Hunter as the original author.—6. MR. BURNS'S,—that Pus is formed by an operation

* BOERHAAVE, *Aph.* 206. 387. 832.

† GRASHUIS, *De Generatione Puris*, cap. 1. p. 18 et 22.

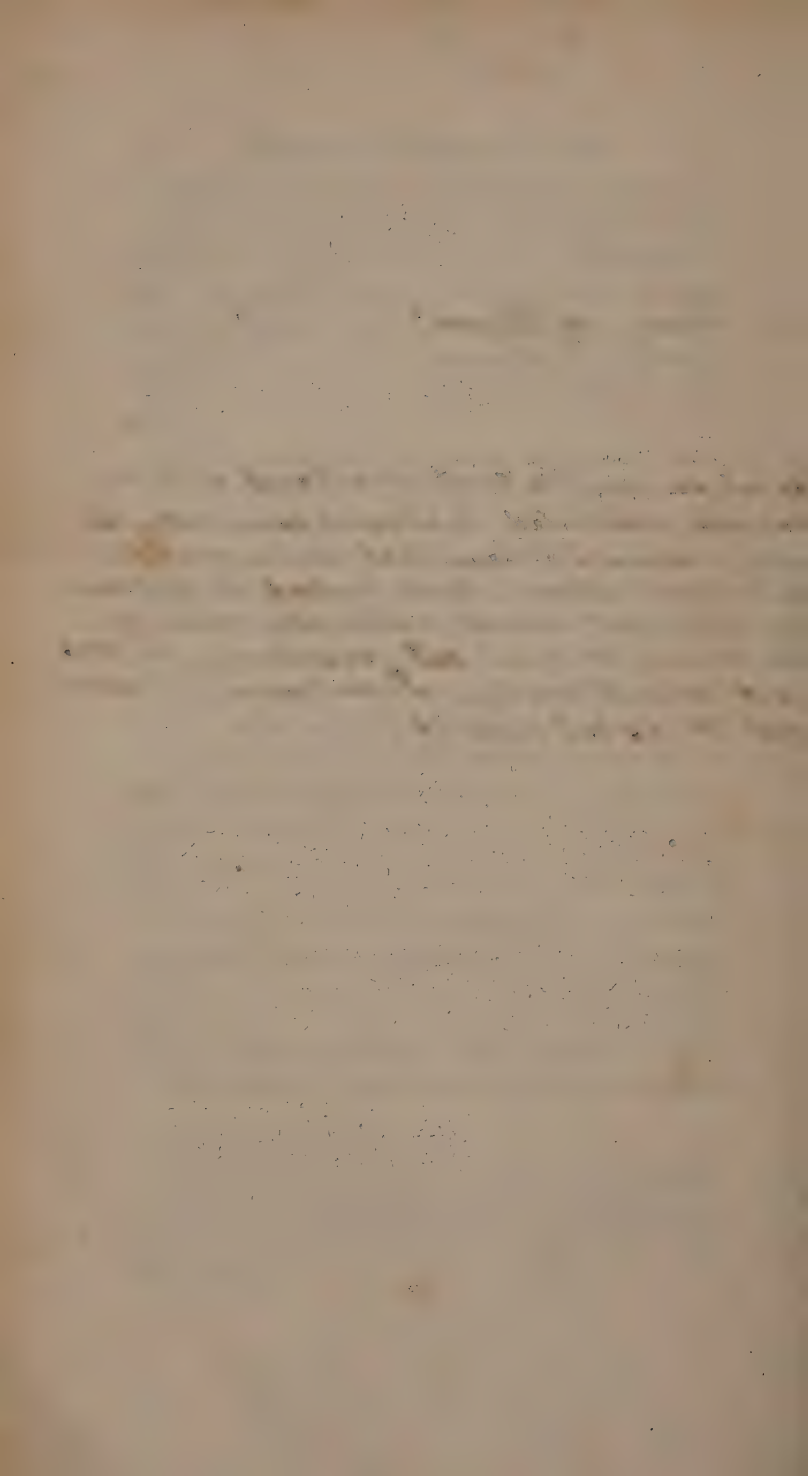
‡ PRINGLE'S, *Obs. on Dis. of the Army*, App. p. lxxxi. ii. 6th edit.

§ DE HAEN, *Ratio Medendi*, vol. i. cap. xi. *De Puris Generatione*.

|| *Tentam. Inaug. De Puris Confectione*, Auctore JOHANNE MORGAN. Edin. 1763.

Thm. Theory of Rigors?

I do not see why the first. mentioned opinion
should be attributed to Boerhaave individu-
ally - since I believe that it has ever been
the vulgar notion - and indeed it appears
the notion w^h would naturally arise in
the minds of men not considering the sub-
ject scientifically. Boerhaave, I presume,
took it, as he found it.



of the living principle, from the *interstitial fluid*, and the *nutritive particles*.*

265. Strictures on some of these opinions.—Mr. Home's arguments for Pus being a secretion†—examined;—and his position disproved from his own experiments.—Mr. Burns's idea (6 *supra*) shewn to be a gratuitous assumption, neither admitting of direct proof, nor countenanced by facts.—Remarks on the objections made to Sir John Pringle's theory,—and their irrelevancy pointed out.

266. Conclusion,—that Pus is not a secretion, but acquires its characteristic properties by a spontaneous change taking place, under the influence of heat, in a mixture of Serum, and of Lymph, or rather Albumen, in certain proportions, after quitting the vessels.—Variety of appearance which the effused fluid assumes, explained from the different proportion of its ingredients, and the circumstances under which it is poured out:—whey-like,—flakey,—curdly,—clotted or cohesive,—puriform,—purulent.

267. GANGRENE and SPHACELUS—defined,—and their relation to each other shewn:—may be either *direct*, or *indirect*;—distinction between these exemplified in senile mortification,—in gangrene during and after Typhus fever,—after Erysipelas,—after contusions,—lacerated wounds,—or violent Inflammation.—In what parts each kind respectively most frequent.—Signs of its taking place, accordingly as it is external or internal.

268. SCIRRHUS;—peculiar to glandular parts?—oftener precedes than follows inflammation;—and when

* *Dissertations on Inflammation*, by JOHN BURNS, Surgeon, vol. i. p. 404-5.

† *A Dissertation on the Properties of Pus*, by EVERARD HOME, F. R. S. 4to. Lond. 1788.

the latter, something peculiar in the *species* of inflammation, often connected with constitutional disposition (258).

GENERAL CURE OF INFLAMMATION.

269. This resolves itself into a single or a double indication, according to the *kind* (252-4) of inflammation present.

270. Circumstances whereby to determine the general character or *kind* of the inflammation, collected from—the patient's age,—constitution,—and habit of body;—the origin,—progress,—and present state of the disease;—and the effects of the remedies (if any) already employed.

271. The CURE OF TONIC INFLAMMATION, or *Excessive vascular Action with considerable Power*,—will consist in—employing such means as *directly* tend to lessen the excessive action;—which is done by—A. removing, as far as it is practicable, those external causes, whether *mechanical*, *chemical*, or *specific*, that have been applied, and still continue to act;—B. lessening, to a certain degree, the stimulus arising from those agents that are natural, viz. the Blood, and Animal Heat,—by Bloodletting,—by Cold applications;—C. diminishing the morbid sensibility and irritability by sedative remedies, e. g. Preparations of lead,—*Digitalis*?—*Opium*? &c.—Remarks upon the extent to which several of these means (B and C) are to be carried,—with directions for their proper use.

272. In the CURE OF ATONIC INFLAMMATION,—or *Increased Action with inadequate Power*,—beside employing the means specified above (270) and occasionally others which have a peculiar sedative operation

adapted to particular *species* of the disease,—the *power* of the vessels must be *supported* or *increased*, by the local or general use of astringent and tonic remedies.—The principles laid down in par. 136-7, and 159, illustrated here by cases both of local and general action, and applied to the treatment of *atonic* inflammation.—Variation necessary, according to the *stage* of the disease, —or to its being attended with *increased* or *diminished sensibility*, (254).

273. Both *kinds* of inflammation subject to considerable variety in *degree*;—and the one or the other character predominating, according to—the greater or less strength or *power* of the vessels to maintain themselves under a state of increased action,—the original or acquired sensibility of the part affected,—and, the nature and force of the exciting cause.—Difference of treatment arising out of these particulars.

274. The treatment of *Specific Inflammations*, such as the Gouty,—Erysipelatous, &c. as far as it differs from that of SIMPLE INFLAMMATION, will be considered under their respective heads.

TREATMENT OF SUPPURATION.

275. This, as far as respects local applications, comes under the province of Surgery; but *internal* remedies often necessary; and these are either such as increase the tone and vigour of the whole system, or correct specific morbid dispositions,—as the scrophulous,—syphilitic,—cancerous, &c.—Remarks on certain remedies employed for these purposes respectively.—Sea-Water bath, tepid or cold;—Cinchona;—Alcalies;—

74 TREATMENT OF GANGRENE AND SCIRRHUS.

Cicuta. — Mercury ; — Nitric Acid ; — Sarsaparilla. — Arsenic ; — Carbonic Acid Gas, &c.

TREATMENT OF GANGRENE.

276. Will in part depend upon the causes inducing it,—and its being *direct* or *indirect* (267); but the general indications are,—1st. to support and increase the *power* of the vessels which yet retain the principle of life ;—By moderate warmth,—nourishing food,—Wine, —Cinchona,—Carbonic Acid,—Camphor,—Opium,—Musk and Ammonia, &c. :—and—2d. to prevent or retard the septic dissolution of the sphacelated parts. —By Carrot, Turnip, or Parsnip poultice,—fermenting cataplasm,—Nitrous Acid lotion,—Oxygenated Nitrous Gas,—Camphor dissolved in Oil of Turpentine?—Varnish of Pitch or Wax in ditto.

TREATMENT OF SCIRRHUS.

277. Ambiguity of the term *Scirrhus*, as often applied to express specifically different kinds of morbid hardness in glandular parts.—Necessity of investigating the particular kind of induration therefore, in order to render the treatment successful, or even safe :—illustration of this in Cancerous,—Scrophulous,—and Syphilitic indurations.—Genuine scirrhus perhaps incurable in the advanced state ; why so.—Remarks on certain remedies usually employed against Scirrhus :—Cicuta ; —Belladonna ; —Arsenic ; —Muriate of Barytes ; —Electricity ; —Galvanic aura, &c.

OF THE PHLEGMASIÆ,

OR INFLAMMATION OF PARTS, WITH GENERAL FEBRILE STATE.

278. Sometimes from the *extent* of the local inflammation,—from the great sensibility of the part affected,—or from its importance in the constitution, the whole Arterial System partakes of a corresponding state:—and therefore demands attention, as well on its own account, as on that of the part primarily affected.

279. At other times the *general* inflammatory affection arises from the same exciting causes which occasion the *local* one; and comes on along with, or even precedes it.—This more especially what constitutes the PHLEGMASIÆ; and its application of importance in directing the treatment.

280. GENERAL CHARACTER OF THE PHLEGMASIÆ;—Disturbance of some internal function, with local pain, and symptomatic (?) Synocha (175);—blood buffy or sily;—urine red;—tongue white;—heat sometimes considerable, but often moderate;—pulse quickened, and generally hard; but sometimes full, at other times oppressed or obscure.

281. Variation in the symptoms accordingly as the disease partakes especially of the *tonic* or *atonic* form.

282. The *seat* of the pain *generally* directs to the part or organ particularly affected;—but this occasionally fallacious. Examples of both true and false reference by the patient;—and cautions necessary to guard the practitioner against mistake, in a point so important in regulating the plan of cure.

TREATMENT OF THE PHLEGMASIÆ IN GENERAL.

283. This will depend upon the distinctions already laid down with respect to the *degree* and *kind* (252, 6) of inflammatory state present,—upon the sensibility and importance of the organ chiefly affected;—and, upon the relative proportion between the *local* and the *general* affection, together with their respective priority of occurrence (278-9).—Illustration of these by examples.

281. TREATMENT WHERE THE INFLAMMATORY ACTION IS OF THE TONIC KIND:—

A. BLOODLETTING, general and local;—circumstances determining its extent, as collected from the patient's strength,—age,—habit of body,—mode of life,—state of pulse,—urgency of symptoms;—but much less necessary than generally supposed, if other means duly employed.—Appearance of blood drawn, a doubtful indication:—danger of the Boerhaavian doctrine shown here.

B. BLISTERS; their use in this case explained.

C. Application of Cold,—doubts respecting it:—regulation of temperature.

D. PURGATIVES,—different kinds required at different periods of the disease.

E. ANTIMONIAL DIAPHORETICS—how to be regulated.

F. CALOMEL and OPIUM combined:—idea of counter irritation refuted:—principles upon which their operation may be better explained,—illustrated by actual cases.

G. DIGITALIS—to what stage of this form best suited.

2-5. TREATMENT WHEN POWER DEFECTIVE.—Causes particularly giving rise to this form;—marks for ascertaining its degree.—A. Cautions respecting

M. Servilius Nonianus
princeps civitatis, non pri-
dem in metu lippitudi-
nis, priusquam ipse eam
nominaret, aliisque ei
prædiceret, dualis litte-
ris græcis, ΠΕΛ Α, chartam
in scriptam, circumligatam
lino, subnectebat collo:
Mucianus tunc consul,
eadem observatione viven-
tem muscam in lintedo
albo: his remediis carere
ipso lippitudinæ prædi-
cantes. Carmina quædam
estant contra Grandi-
nes etc. { Plin. lib.
28.

2. Yet a blow which almost quite tore the
Iris from its ciliary attachment, failed
to excite ophthalmia.
1. Yet foreign bodies may be enveloped in false
membrane and pain not: sic vesical calculi
in pouch. Fungus another mode of
vis medicatrix: this common in Horse
where foreign bodies impinge.

general bloodletting.—B. Local bleeding—C. Blisters—D. Purgatives,—what kind especially useful.—E. Mild diffusive diaphoretics: combinations affording these,—F. Calomel joined with Opium.—Operation of E. and F. separately and conjointly.—A plan more or less tonic necessary throughout, but especially towards the end. (272).

PARTICULAR PHLEGMASIÆ.

OF OPHTHALMIA, OR INFLAMMATION OF THE EYES.

286. Usually divided into two species; 1st. as situated in the membranes of the eye (*Ophthalmia membranarum*, CUL.)—2d. as situated on the margin of the eyelids (*Ophthalmia tarsi*, CUL. and *Psorophthalmia* of Mr. Ware.) The second species often a sequel of the first; but sometimes precedes and causes it. The division of Ophthalmia, however, according to the *kind* of inflammation (253), shewn to be more comprehensive and useful.

287. SYMPTOMS OF TONIC OPHTHALMY;—Pricking or shooting pain in the fore part of the eye,—redness of the *tunica adnata*,—increased sensibility to light,—generally with discharge of tears:—occasionally sharp pains darting to the bottom of the eye, and through the head, with considerable pyrexia (*Ophthalmitis*).

288. CAUSES. Constitutional irritability of the eyes.

2. —Mechanical violence from blows, &c.—irritation from 1. foreign bodies, inverted hairs, (*Trichiasis*) &c.—Cold, especially applied with partial current of air;—Intense Light;—particular state of the atmosphere during certain winds;—Peculiar Contagion (*Egyptian Ophthalmia*);—Suppressed Gonorrhœa?—Remarks on these, and their respective operation explained.

289. CURE OF TONIC OPHTHALMY;—Exclusion of light:—Bloodletting, —various modes of it, with directions for their choice and extent:—Purging,—what cathartics especially useful:—Cold applications;—Digitalis?—Belladonna?—Diet and regimen proper.

290. SYMPTOMS OF THE ATONIC OPHTHALMY;—Turgescence and redness of the vessels, with comparatively little pain in general. (254).—This kind often combined with the second species (2d. 286), or ends in it.—When the inflammation is of the crystalline or Erysipelatous species, the cellular membrane of the eyelids and neighbouring parts, is also affected.

291. Description of the Purulent Eye of Young Children; and inquiry how far caused by, or connected with, Leucorrhœa in the mother.

292. THE PREDISPOSING AND EXCITING CAUSES of the *Atonic Ophthalmy*, besides those mentioned above (290), are—Scrophulous habit,—Small Pox;—Measles;—Dentition;—Exanthematic metastasis;—Tinea capitis;—Mercurial irritability;—Syphilitic taint?—Fatigue of eyes;—Smoke or other acrid vapours;—frequent Intoxication.

293. TREATMENT OF ATONIC OPHTHALMY:—Local bloodletting in different modes;—blisters.—Occasional purging with particular cathartics.—Opium.—Sudorifics—Emetics.—Various astringent and stimulant applications, consisting of preparations of Lead, —Alum,—Zinc,—Copper,—and Mercury;—Vinum Opii;—fomentations?—Ol Terebinthinæ, Riga Balsam;—Electricity;—Cicuta;—Cinchona;—Cold bathing—local and general.—Errhines.—Issues—Setons.—Remarks upon these, and upon some celebrated empirical applications.

The ophthalmia Syphilitica is, in what instances I have seen, chiefly internal - in the Iris; whether in the choroid, and other still deeper coats, I know not. Not that it is unaccompanied by a secondary inflammation, although slight in comparison, of the *Fimbrice exteriores*. The appearance this specific ophthalmia assumes is very accurately and beautifully delineated by Thompson, in Saunders's posthumous treatise. Saunders, I fancy, first noticed and defined the disease. The aqueous humor approaches to appearance, the color which a drop of milk would occasion, if mixed therewith.

The iris is either slowly moved, or quite fixed - irregular or circular pupil. There is a buffish appearance on the anterior surface of the Iris. The pain is not comparable in point of violence with that of simple ophthalmia. Light annoys, but distresses not so much as one would imagine. This illustrates the long known physiological fact, that the sensibility to light displayed by the Iris, is not direct, but sympathetic with the retina. Otherwise, the intolerance during inflammation would be intense.

An elderly married woman at 12 - called on me with Ophthalmia Tridid. I do not know that it was syphilitic. I suspected it. She was of a weak habit of body - M. M. V. S. twice. Her pulse justified this. Leeches to the temple. A grain of Calomel and a half grain of Opium twice a day - In a very short space this affected the salivary glands - for she was lowered by the above evacuations, by purges & low diet, added to her natural habit of body - The subsidence of the Tridid affection kept exact pace with the influence of the Calomel. A few days she perfectly recovered her vision, w.^h was ^{apparently} menaced by more pain than usual - her having

endured the complaint many days,
before application for remedies -
and the nearly total inability to
distinguish objects. I believe mercury
to be a specific cure in ophthalmia
Tridis^{whetker} or diplylitic. And I think
this medicine alone w^d have cured
the above detailed complaint.

I remember more cases of (at least
as many) this affection in women
than in men. The above is the
practice recommended by ~~the~~
~~success of the practice at the~~
"London Eye Infirmary."

οὐ ἀκήκοας τῶν ἀγαθῶν
ἰατρῶν, ἐπελθάν τις αὐτοῖς
προσέλθῃ τοὺς ὀφθαλμοὺς
ἀλγῶν, λέγουσί που, ὅτι οὐχ
οἶόν τε αὐτοὺς μόνους ἐπιχειρεῖν
τοὺς ὀφθαλμοὺς ἰᾶσθαι,
ἀλλ' ἀναγκαῖον εἶναι ἅμα καὶ
τὴν κεφαλὴν θεραπεύειν, ἐν
μέλῳ καὶ τὰ τῶν ὀφθαλμῶν
εἶναι ἔχειν καὶ αὐτὸ τὴν
κεφαλὴν οἶεσθαι ἂν ποτε
θεραπεῦσθαι αὐτὴν ἐφ' ἑαυτῆς
ἄνευ ὅλου τοῦ σώματος,
πολλὴν ἀνομίαν εἶναι. κ.τ.λ.

• Platonis Charmides.

Vid. Baggerley's case in Note book.
Death from Rheumatic metastasis.

294. Occasional consequences of ophthalmy;—sudden or slow increase of the aqueous humour (*Hydrophthalmitis*; *Hydrophthalmia*);—thickening of the coats, and turbidity of the humours (*Hypopyon*);—general or partial opacity of the cornea (*Albugo vel Lēucoma*).—Nature and treatment of opacity.—Ulceration of the cornea.

295. Ophthalmy, especially of the *atonic* kind, occasionally assumes an intermitting or remitting type;—Management necessary in that case, illustrated by examples.

OF PHRENITIS,

OR INFLAMMATION OF THE BRAIN AND ITS MEMBRANES.

296. Origin of the name.—CHARACTER of the disease,—Intense pain, and sense of fulness or stricture, within the head;—redness and turgescence of the eyes and face,—impatience of light and noise,—continued watchfulness, and fierce delirium, accompanied with violent pyrexia.—Difference of symptoms alledged to mark inflammation of the membranes (*Phrenitis*;—*Meningitis?*), or of the substance of the brain (*Cephalitis*, SAUV. et SAG.—*Sphacelismus*, LIN.)

297. Phrenitis not of frequent occurrence in this country as an Idiopathic disease;—but often *symptomatic* or *secondary*,—arising during the progress of general fever, —or from metastasis of Rheumatitis, Gout, Erysipelas? &c. and then partakes more of the *atonic* form.—Importance of attending to this.

298. PREDISPOSING AND EXCITING CAUSES—Original tendency, often marked by general tension and irritability of fibre, and passionate temper. Violent fits

of anger,—continued irritation of mind occasioning want of sleep :—concussion or other mechanical injury of brain ;—intoxication ;—phytoseptic miasmata ;—exposure to intense atmospheric heat, especially under great exertion ;—certain narcotic poisons :—epidemic influence,—contagion ?

299. Consequences of the disease,—and an account of the various appearances observed on dissection.

300. Reasons for believing Phrenitis more intimately connected with a certain state of the Hepatic system, than at present supposed ; and views of the nature and treatment of the disease founded on this,—illustrated by cases.

301. TREATMENT : — Bloodletting general and topical ;—Arteriotomy ?—Cold applications to the head ;—Blisters *near* the head :—nearly erect sitting posture ;—abstraction of light and noise.—Drastic *cholagogue* Cathartics ;—Digitalis ;—Antimonials : — Sinapisms—Remarks on these several means, and on the extent to which they should respectively be carried, according to the degree of the disease, and its being primary or secondary.

OF QUINSEY IN GENERAL.

302. The Cynanche, Synanche, and Angina of authors :—origin and meaning of these terms ;—include several inflammatory affections about the throat, differing considerably both in their *seat* and *nature*, and consequently in their treatment. Division of them according to these circumstances, into 1. *Angina tonsillaris*,—2. *A. pharyngea*,—3. *A. trachealis*,—4. *A. parotidea*,—and 5. *A. maligna*, or *Scarlatina Anginosa*.

Handwritten text in a cursive script, likely a letter or a page from a manuscript. The text is written in a dark ink on aged, slightly discolored paper. The handwriting is fluid and somewhat slanted, characteristic of 18th or 19th-century cursive. There are several lines of text, with some words appearing to be underlined or written in a slightly larger hand. The overall appearance is that of a personal or official communication from a past era.

Handwritten text at the bottom of the page, possibly a signature or a closing remark. It is written in the same cursive script as the main body of text.

1 Vidi casus duos, e. g. Probyu & Corani,
(hujus navis, charl.) in quibus
angina tonsillarum supervenit
chancris. Non erant bubones.
Angina quoque citissima decessit.
Hydrargyri non paulu-
lum fuerat consumptum.
In Bengal accidit. Corani
manibus purpurea maculae.
Non alteri. Anne Syphi.
Citica angina, an non potius
Mercuriali? Vid. Casus illorum,
in Notebook. H

OF COMMON INFLAMMATORY QUINSEY.

303. *Cynanche tonsillaris* of Cullen;—*Tonsillitis*.—

DEFINITION. Inflammation affecting one or both tonsils, often extending to the *velum palati*, *uvula*, and parts adjacent;—marked by redness, swelling, and pain of these parts,—difficulty of swallowing, and occasionally of respiration;—sometimes without, oftener with pyrexia;—and frequently ending in suppuration.

304. PREDISPOSING CAUSES.—Original constitutional tendency;—Mercurial irritability.

305. EXCITING CAUSES—Cold applied to the neck and fauces, or to the body in general, especially if with partial current of air, and when the person is overheated:—epidemic influence.

306. Quinsey generally of the *tonic* form at first attack; but often of a mixed character, and in some persons always *atonic*.—Erysipelatous species:—this generally connected with typhoid pyrexia.

307. TREATMENT of quinsey different, accordingly as it partakes of the *tonic* or *atonic* form,—as this primary or secondary,—and as it is merely topical, or attended with pyrexia. *Remedies*;—Venesection,—puncturing,—leeches,—blisters,—purgatives:—Emetics,—diaphoretics;—acid gargles;—Nitre:—Astringent and mildly stimulant applications. Remarks upon these, and upon the particular form or circumstances of the disease, to which they are respectively adapted.—Most effectual means of guarding against future returns of the disorder.

308. ANGINA PHARYNGÆA or *Œsophagitis*.—This of rare occurrence as a primary disease; being oftener an extension and variety of *A. tonsillaris*, than a

distinct species of quinsey.—SYMPTOMS.—Scarcely any redness or swelling apparent on inspecting the fauces;—and little or no difficulty of breathing; whilst that of swallowing is extreme;—The general treatment, therefore, nearly the same as that of *A. tonsillaris*; but the situation of the complaint necessarily precludes some remedies applicable to *A. tonsillaris*, and requires others to be employed to a greater extent.

OF THE CROUP.

309. The *Suffocatio stridula* of Home;—the *Angina polyposa* of Michaelis;—and the *Cynanche trachealis* of Cullen.—*Anglice Croup*.—Origin of these names.

310. DEFINITION. An inflammation of the mucous membrane of the trachea and its ramifications, causing great difficulty of breathing, particularly of inspiration, which is accompanied with a peculiar noise;—frequent dry cough, with harsh sound, as if passing through a brazen tube;—violent fever of the synocha kind (175).

311. The disease chiefly attacks between the period of weaning and of puberty,—usually runs its course in a few days,—and the patient generally dies suddenly as if suffocated.

312. PREDISPOSING CAUSES.—Circumstances of constitution and habit of body marking those most liable to the complaint.

313. EXCITING CAUSES:—these not well ascertained; but the most obvious is—exposure to a cold and damp evening air, especially succeeding a hot day.

314. Appearances on dissection; and an explanation of the peculiar and urgent symptoms, as well as of the sudden and commonly fatal termination, drawn from thence.

315. **DIAGNOSIS.**—Symptoms distinguishing Croup from the tracheal inflammation of Catarrh and Measles.

316. History of the rise and progress of the disease as collected from authors:—whether more frequent now than formerly;—whether occasionally epidemic, or ever contagious.—Whether it attacks a second time.

317. Whether sometimes *spasmodic* rather than *inflammatory*; and reasons for believing, that the former appearance is owing to the fever which attends, being of the *remitting* instead of the *continued* kind.

318. Essential and peculiar character of the complaint as deduced from a consideration of the several circumstances noticed above:—**MODE OF TREATMENT** founded on this, and supported by experience.—Remarks on the particular remedies; Venesection.—leeches:—Emetics;—blistering;—Cathartics;—nauseating expectorants;—Digitalis:—Calomel and Opium;—diaphoretics;—tepid bath—inspiring the steam of hot water.—Decoct. Senekæ:—Proposal of Bronchotomy considered.

319. Variation of treatment proper where the disease assumes the *remitting* form. (317.)

320. Account of a disease termed by some **CHRONIC CROUP**, which takes place in adults, but which appears more nearly allied to *Catarrhal Phthisis*. See **PHTHISIS**.

OF THE ANGINA PAROTIDÆA.

321. In England called the *Mumps*, in Scotland the *Branks*:—origin of these terms respectively.

322. **CHARACTER**,—A specific disease, occurring but once during life,—affecting the parotid and submaxillary

glands with considerable swelling, accompanied by pyrexia of the synocha kind (175-6), generally slight;—often showing a metastasis to the female mammæ, or male testes, and occasionally to the brain.

323. Though commonly so slight a complaint as to require but little medical attention, is sometimes violent both in its local and general symptoms.—Management of these proper with respect to its specific nature.

324. Distressing consequences occasionally from its metastasis in men, and inquiry whether this admits of prevention.

For *Angina maligna* see *Scarlatina anginosa*.

OF PNEUMONIA,

OR ACUTE INFLAMMATION OF THE LUNGS, AND THEIR INVESTING MEMBRANE.

325. GENERAL CHARACTER; pain rather suddenly attacking some part of the thorax internally, and increasing;—preceded, accompanied, or soon followed, by pyrexia, and attended by painful inspiration,—generally with cough.

326. State of the tongue, urine, &c. commonly present, and serving additionally to mark the disease.

327. Variation of symptoms, accordingly as the inflammation affects more especially—(a) the reflected pleura,—or (b) the substance of the lungs and their proper covering,—shown in—the hardness or softness of the pulse,—the kind of pain,—the state of the respiration,—the patient's aspect,—and the effect of posture;—the cough being dry, or with expectoration;—Names in use designative of this difference of situation—(a) *Pleuritis* and *Pleuro-peripneumonia*,—(b) *Pneumonia* and *Pe-*

ripneumonia.—These however, in general combined with each other, in various degrees; and frequently with inflammation of the liver,—which, unless taken into account, gives rise not only to considerable embarrassment in the diagnosis, and indications of cure,—but to imperfect success or complete failure in the result.

328. Curious fact respecting the sympathy of contiguity in pneumonic inflammation; and application of it to explain the utility of certain remedies.

329. Particular symptoms alledged to arise from the inflammation when seated in the mediastinum (*Mediastina*, VOGEL,)—or the diaphragm (*Paraphrenitis auctorum*.)—Doubts respecting some of these, founded on dissections.—Occasional change in the seat of the pain, and probably also in the inflammation.

330. PREDISPOSING CAUSES; a constitutional tendency to the complaint, especially marked by plethora, with a tense and irritable system of blood vessels, particularly of the lungs.—Certain period of life.—Male sex?—Former attacks of the same disease.—Season of the year.

331. EXCITING CAUSES; sudden or long continued refrigeration, especially if aided by moisture, and operating on the body when overheated or fatigued;—the imprudent use of spirituous liquors immediately after this (*Pleuritis vel Pneumonia vera*);—particular quality of atmosphere sometimes epidemic; (*Febres pleuriticae*)—peculiar quality of certain febrile contagions (*Pn. catarrhalis*,—*morbillosa*,—*typhoidea*, &c.)—metastasis of acute Rheumatism, —of Gout, —Erysipelas? &c. (*P. rheumatica*, *arthritica*, *erysipelatos*? &c.)—inflammatory, sub-inflammatory, or bilious, remitting, and intermitting fevers (*Synocha pleuritica*;—*Pleuritis biliosa*,—*Pl. remittens*);—irritation

from worms in the stomach (*Pleuritis vel Pleurodyne verminosa*).

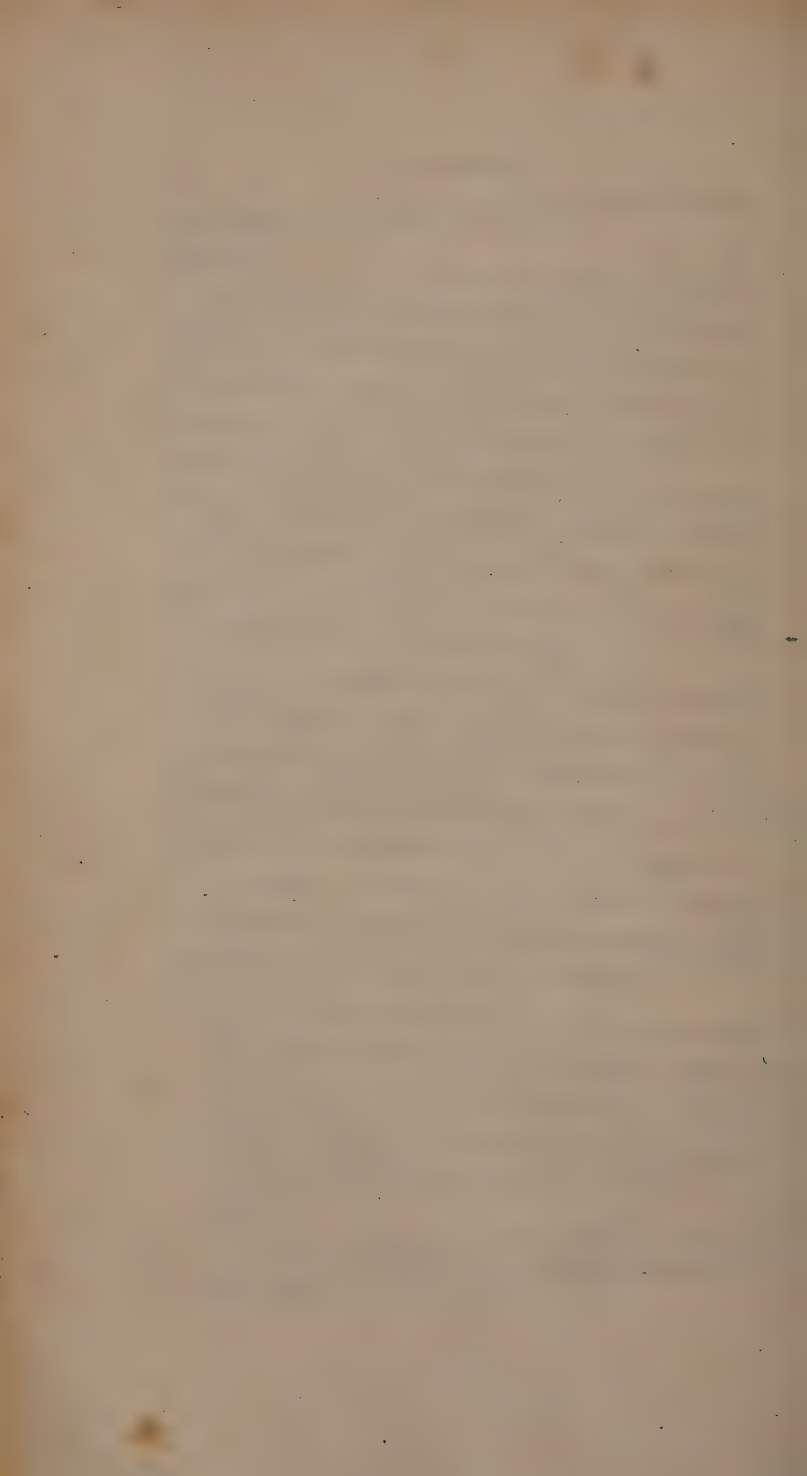
332. DIAGNOSIS.—Marks whereby to distinguish Pneumonia from spasmodic and other painful affections of the chest.—Discrimination of the disease into *simple* or *complicated*,—and into *idiopathic and primary*, or—*symptomatic and secondary*,—as drawn from the predisposing and exciting causes,—the mode of attack and progress of the disease,—the symptoms present.

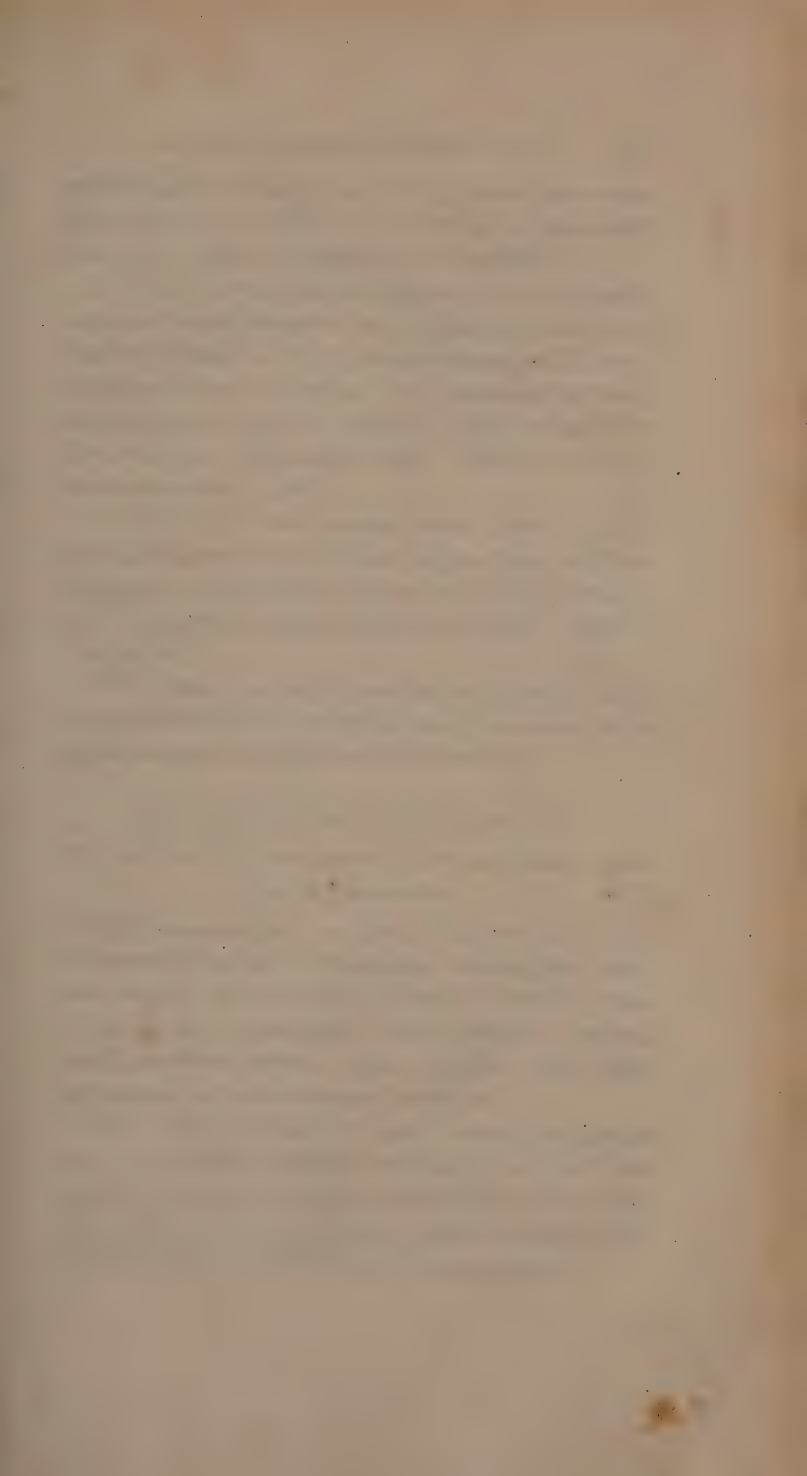
333. Importance of determining in what *degree* the disease partakes of the *tonic* or *atonic* form, as greatly influencing the treatment (*Pneumonia vera et notha*):—circumstances necessary to do this, drawn from the patient's age,—sex,—previous health, and habit of body,—strength,—assignable causes, (330-1), &c.

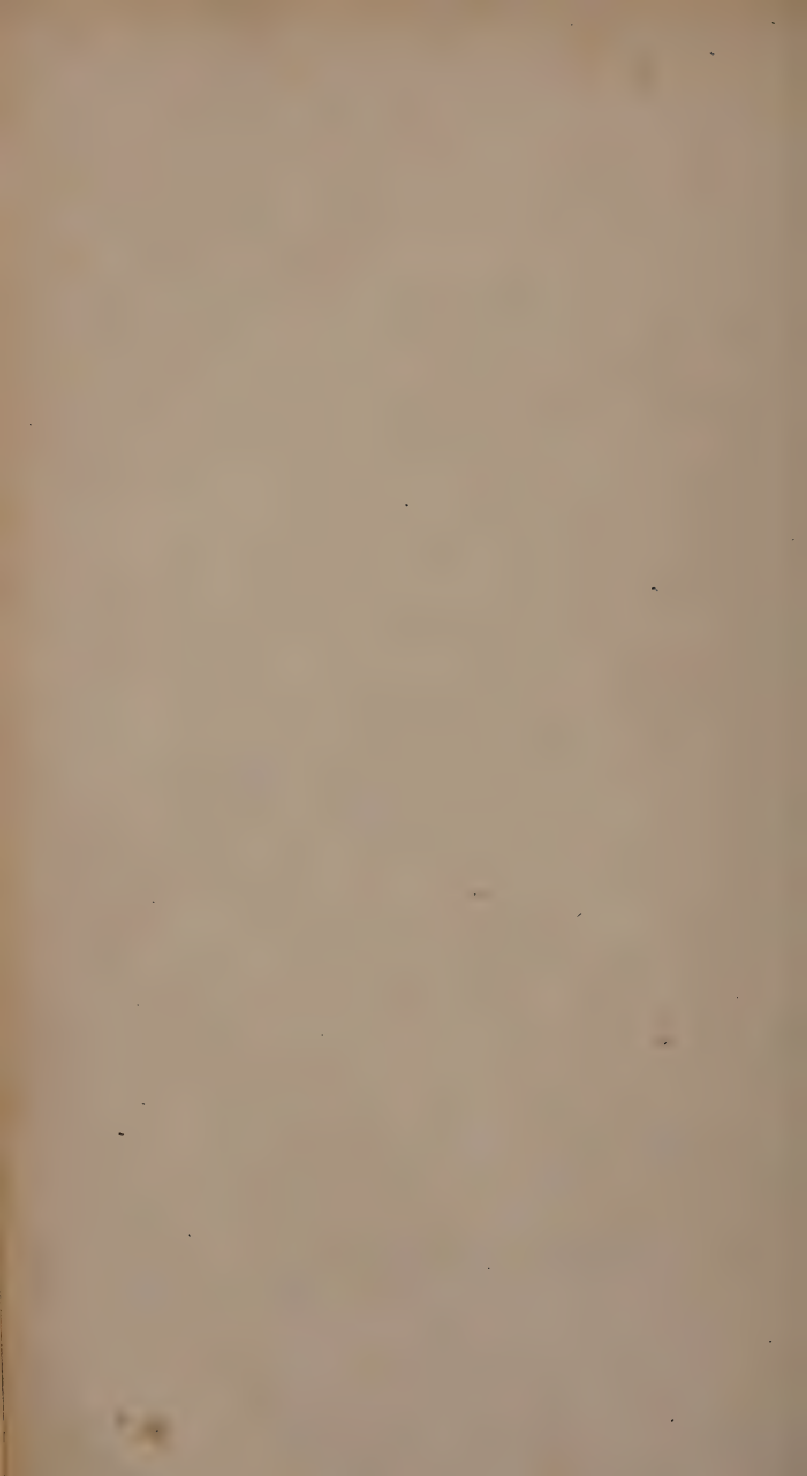
334. Different modes in which pneumonic inflammation terminates in health, death, or another disease:—Resolution,—Expectoration,—Adhesion;—Extravasation of blood into the interstitial substance of the lungs,—or profuse effusion of glairy fluid into the air cells and bronchia;—Vomica;—Empyema;—Tubercles;—thickening and ossification of the inflamed membranes and vessels;—Hydrothorax.—Signs of these respectively, as collected from observation and dissection, and illustrated by morbid preparations.

335. TREATMENT OF PNEUMONIC INFLAMMATION IN GENERAL, admits of considerable variety, according to its being—*simple* or *complicated*,—*original*, or *secondary*,—to the particular seat of the inflammation,—and, still more, its *degree* and *kind*.—The chief indications are—

1. *In the beginning of the disease*, to check the inflammation in its acute state, and while still ad-







mitting of a perfect resolution,—By Venesection,—cupping,—leeches,—blisters ; — cathartics ; — moderately cool air ;—Nitre ;—Digitalis ; — Infus. Rosæ.—

2. *In the more advanced stage*, to favour the expectation or other evacuation that may take place, and that is found to give relief,—By Mild diaphoretics, tepid diluents ; —Opiates alone, or combined with Calomel and Antimonials ;—Inhaler ;—gentle Emetics, Squills,—Seneka,—Ammoniacum,—Ammonia.—Bitter Tonics, and moderate stimulants :—And

3. To support the strength under these,—to allay urgent symptoms,—and to guard against those bad consequences, to which there appears any evident tendency.—By light nutritive food,—moderate tonics,—diuretics,—seton, &c.

336. Remarks upon the propriety and extent of these remedies individually, as determined by a consideration of the various circumstances already noticed.

OF CARDITIS, AND PERICARDITIS ; OR ACUTE INFLAMMATION OF THE HEART AND ITS MEMBRANES.

337. CHARACTER :—Along with several of the symptoms belonging to Pneumonia, there is great faintness, anxiety, and oppressive pain referred to the region of the heart, accompanied with extremely frequent, small, and often irregular pulse, together with violent palpitation, and even syncope, on motion.

338. Acute Carditis of more frequent occurrence than was generally believed ; but perhaps oftener a metastatic or misplaced form of Rheumatitis, than a primary disease allied to Pleuritis and Pneumonia.—Instances of the disease illustrated by preparations.

339. Consequences of Carditis ; — inflammatory exudation, with effusion of serous fluid into the pericardium,—or adhesion of the pericardium to the heart ;—ossifications of the heart and its appendages.

340. THE TREATMENT OF CARDITIS should consist of the same means used in the more acute forms of pneumonic inflammation ; and these employed with a promptitude, and to an extent, proportioned to the more rapid progress and greater danger of this disease.

OF HEPATITIS, OR INFLAMMATION OF THE LIVER.

341. GENERAL CHARACTER.—Violent and tense, or dull and heavy pain in the right hypochondre, increased on pressure, inspiration, or particular posture ; sympathetic pain referred to some remote point of the thorax ;—dyspnœa, with sense of stricture or oppression about the præcordia ;—sometimes cough, generally dry, and often by paroxysms ;—occasionally vomiting, hiccup, and sallow or icteritious countenance :—primary or symptomatic pyrexia.

342. Division into two species—the acute (*H. membranacea*)—and the chronic (*H. parenchymatica, vel Hepatalgia apostematosa*), or into the *tonic* and *atonic* forms ;—these widely different in their respective extremes ; but, as being variously blended, best treated of under one general head.—Circumstances under which more especially one or other form takes place :—symptoms distinguishing them, and others serving to denote the particular seat of the inflammation.

343. Progress of the disease according to its degree and kind :—Terminations,—in resolution,—in adhesion,—in suppuration, and abscess opening — externally,

—into the ducts,—into the lungs,—into the abdominal cavity :—induration or scirrhus.—Gangrene ?—Signs of these terminations respectively,—and their most frequent consequences.

344. **DIAGNOSIS.** Acute hepatitis often simple, but occasionally joined with pneumonia or gastritis ; and sometimes entirely mistaken and unsuccessfully treated for these.—Marks whereby they may be generally distinguished.—Frequently accompanies bilious remittents, and sometimes intermitting and contagious fevers in hot climates.—The chronic form often connected with Dysentery.—Importance of attending to these combinations, as considerably influencing the treatment.

345. **PREDISPOSING CAUSES ;**—Male sex ;—adult period ;—certain constitutional tendency, marked by excess or irregularity in the hepatic secretion, and often connected with plethoric habit, tense irritable fibre, and passionate temper :—stopping customary discharges, especially the hæmorrhoidal.

346. **EXCITING CAUSES ;**—occasionally all those that induce general inflammatory pyrexia, as—sudden vicissitude of temperature,—cold drink,—violent bodily labour or exercise ;—but more especially excess in spirituous liquors, and continued great heat of climate or season.—Mode in which these last operate ;—and enquiry why Hepatitis particularly frequent on the Coromandel Coast.

347. **PROGNOSIS.**—This generally favourable in the *acute* form, if the disease be early seen and properly treated. But in the *chronic* form, its progress in disorganizing the Liver is so insidious, and so often connected with Scrophula, Cachexy, or habits of intemperance, as to render the Prognosis very difficult, and often unfavourable.

348. The TREATMENT OF HEPATITIS necessarily very different, accordingly as the disease is *acute*, or *chronic*,—*simple*, or *complicated*.—In the *acute form*, bloodletting general and topical,—blisters—cathartics,—and other antiphlogistic means—must be had recourse to in proportion to the violence of the inflammatory symptoms, the previous health and vigour of the patient, and the nature of the exciting causes.—Why venesection less, and local bloodletting, with purging, more useful here, than in pneumonic inflammation.—Why Calomel more efficacious than any other cathartic;—with directions for its management.—In the advanced stage of the *acute*, and almost universally in the *chronic* Hepatitis, Mercury carried to gentle ptyalism, the most effectual remedy:—enquiry into its *modus operandi*; and curious observation respecting it in latent hepatic abscess.—Other remedies occasionally useful, especially in the *atonic* form;—mild diaphoretics,—tepid bath,—fomentations,—diuretics,—bitters,—alkalies, —Cicuta:—issues,—setons;—sea voyage:—Nitric Acid?—Extr. Taraxici? &c. Remarks on these.

349. Examination of the opinion—that ACUTE HEPATITIS is a rare disease in Europe; with arguments to shew, that it is often mistaken for, and treated as, Pleuritis and Pneumonitis.—Proofs drawn from the complicated and peculiar structure of the Liver, and illustrated by morbid preparations, demonstrating, that it is subject to a greater variety of diseases than perhaps any other organ of the human body. Enumeration of several of these, with remarks upon their symptoms and treatment:—1st, Inflammation of the investing membrane, followed by adhesion to neighbouring parts.—2d,

Inflammation of the substance of the Liver, often ending in partial obstruction, and occasionally in abscess.—3d, Mucous obstruction of the ducts.—4th, Granulated Liver, soft and hard.—5th, Tuberculated.—6th, Flaccid and macerated.—7th, Ecchymosed.—8th, Aneurismal.—9th, Calculous concretions.—10th, Hydatids.—11th, Hæmatoid Fungus, or Medullary Sarcoma.—12th, Functional disorder independently of diseased structure, e. gr.—(a.) Erethism, and *Polycholia* or redundancy of Bile;—(b.) Torpor, and *Acholia* or deficiency of Bile;—(c.) Secretion of morbid Bile, either from particular disordered *action* of the Liver, or from certain conditions of the blood and general system;—*Cacocholia*.

OF GASTRITIS,

OR INFLAMMATION OF THE STOMACH.

350. CHARACTER;—Acute and continued pain in the region of the stomach, increased by external pressure, or by swallowing any thing that irritates by its bulk, quality, or temperature;—frequent retching, and occasionally hiccup:—pyrexia, with extremely quick small, and hard pulse;—great anxiety and prostration of strength.

351. Idiopathic Gastritis rare; but many of its symptoms occasionally attends inflammation of the liver, intestines, or kidney;—and also various fevers, especially Bilious Remittents, Yellow Fever, &c.—Examples illustrative of this in the case of the Liver, &c.

352. Division of gastritis into two species, viz.—(a) the *phlegmonous*, and—(b) *erythematic*:—foundation of this division, and marks of each species.

353. PREDISPOSING CAUSES not clearly ascertained.

354. EXCITING CAUSES;—drinking very cold liquors when the body is greatly heated;—large doses of Nitre;—overdistension with highly stimulant or indigestible food;—particular determination under general fever:—Metastasis of gouty, rheumatic, erysipelatous, or pemphigose? inflammation;—checking certain chronic eruptions;—swallowing articles which act mechanically, chemically, or specifically, by wounding, corroding, or otherwise inflaming the coats of the stomach.—Remarks on the mode in which these causes respectively operate.

355. Progress, and terminations of the disease;—with the appearances on dissection: consequences which occasionally result from it, when caused by certain poisons.

356. THE TREATMENT of gastritis will necessarily vary according to the exciting cause, and the degree of the disease, and to its being *simple* or *complicated*.—The chief indications are—1. To lessen the inflammation by—venesection,—cupping,—leeches,—fomentations, and blisters,—opiates by glyster, or externally;—2. To recall any external inflammation or cutaneous complaint, the disappearance of which had preceded the affection of the stomach.—3. Where offending matters swallowed are still present,—to evacuate, correct, dilute, or inviscate them;—and afterwards guard against their future consequences.

357. Means directed to fulfil the *second* indication.—Individual remedies especially calculated to answer the *third*, according to the nature of the hurtful cause, e. gr. whether *mechanical*, as powdered glass, &c.—*chemical*, as corrosive Acids or Alkalies,—Arsenic,—Copper,—Oxymurias Hydr. &c.—or *specific*, as certain acrid or narcotic vegetable matters.

Quasi zonâ, liene cinctus ambulo
Geminos in ventre habere videor filios.
Nec metus, nisi se medius distumpat mihi
Plausi Circulis. Act. 2.

Cum collatis ventre, atque oculis herbe
Id.

OF SPLENITIS.

358. Idiopathic acute inflammation of the Spleen an extremely rare complaint:—probable cause of this.—Symptoms characterizing it where it does take place;—Pyrexia; pain in the seat of the spleen, increased by pressure, and accompanied with tension, and heat of the part; without any signs of Nephritis.

359. Simple Congestion,—or Chronic inflammation and enlargement of the spleen, occasionally with abscess, a common attendant upon, or consequence of, Intermitting and Remitting Fevers in certain countries.

360. The treatment of Splenitis, whether acute or chronic, nearly that directed in the corresponding states of hepatic inflammation.—Curious operation said to be practised by the native physicians of India in cases of enlarged Spleen.

OF NEPHRITIS, AND CYSTITIS,
OR INFLAMMATION OF THE KIDNEYS, AND OF
THE BLADDER.

361. Acute Nephritis and Cystitis of rare occurrence as spontaneous diseases; being usually the consequence either of irritation from certain foreign matters passing through the kidneys and bladder, or of calculous matter formed in them.—Chronic inflammation and ulceration, however, or thickening and mucous or puriform discharge of these organs, occasionally idiopathic; but still oftener symptomatic of gout, gravel, or stone.

362. SYMPTOMS OF NEPHRITIS;—Pain in the region of the kidney, often extending along the Ureter, and causing numbness of the thigh, with retraction and pain of the testicle on the same side:—frequent calls to pass off urine, which is sometimes rather pale at first,

but oftener very red and scanty; and occasionally altogether suppressed (*Ischuria renalis.*);—retching;—preceding or accompanying pyrexia.

363. PREDISPOSING CAUSE,—Constitutional irritability of the kidneys, generally connected with gouty or calculous habit.

364. EXCITING CAUSES;—Mechanical injury from blows,—falls,—strains,—long continued and violent exercise in travelling;—cold, especially with moisture, applied to the loins and belly;—certain stimulating matters swallowed, and acting specifically upon the urinary passages, as Cantharides, Turpentine, &c.—metastasis of gouty inflammation;—the lithopoietic process,—or the calculous matter when formed, acting by its bulk or figure.

365. DIAGNOSIS;—Symptoms distinguishing Nephritis from rheumatism,—from colic,—from enteritis,—and hepatitis.

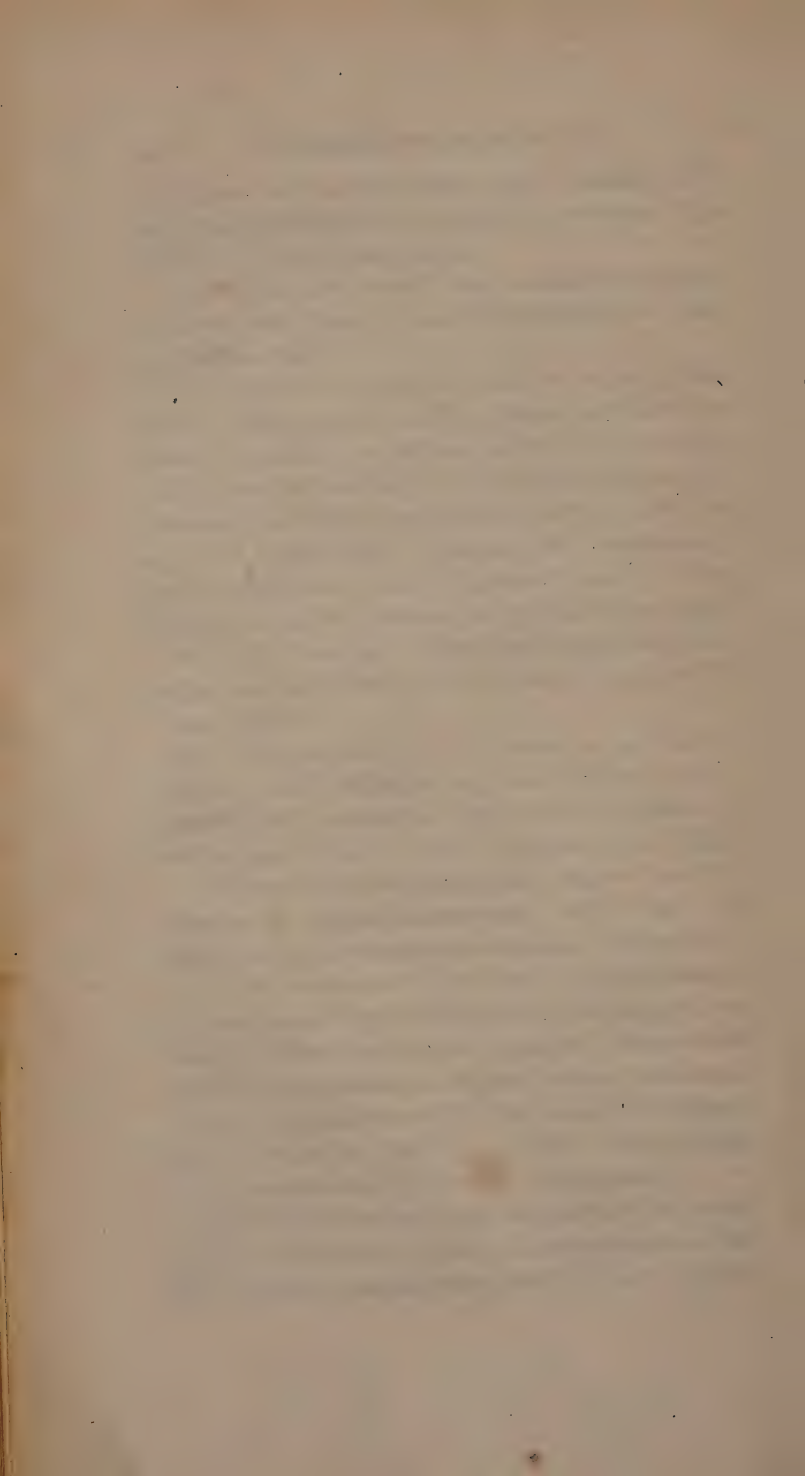
366. TREATMENT;—Venesection,—cupping;—leeches;—mild cathartics;—glysters;—warm bath,—fomentations;—antimonial diaphoretics;—Opiates;—mucilaginous diluents;—super carbonated Soda Water? —If from Gouty metastasis, then means directed to re-excite the original inflammation. SEE GOUT.—If from Calculus, the means specified under that head.

367. SYMPTOMS OF CYSTITIS.—Pyrexia followed or accompanied by pain and tension in the region of the bladder, increased by external pressure;—frequent and painful discharge of urine, or suppression of it;—tenesmus.

368. Predisposing and Exciting Causes,—in general those enumerated (363-4);—likewise injury during labour;—extension of gonorrhœal inflammation.

369. Irritation and gleeing of bladder (*Cystirrhœa mucosa, vel Catarrhus Vesicæ*), sometimes occurs in delicate women, especially after lying in;—and chronic





inflammation, with thickening of the coats, and puriform or purulent discharge by urine (*Cystalgia purulenta*) not uncommon in elderly persons, especially men.—Symptoms distinguishing *idiopathic* Cystitis from the symptomatic affection attending enlarged prostate,—scirrhus of the uterus or rectum,—or stone in the bladder.

370. TREATMENT OF CYSTITIS nearly the same as directed in Nephritis.—Some remarks on Cystirrhœa, —thickening and ulceration of the bladder, and other complaints mentioned in par. 369.

371. Acute Inflammation of the Uterus (*Hysteritis, vel Metritis*),—of the Mesentery (*Mesenteritis*)—and of the Peritonæum (*Peritonitis*), — almost peculiar to lying-in women:—as constituting a part of Puerperal Fever, therefore, and being intimately connected with the circumstances of pregnancy and parturition,—referred to the course of lectures expressly upon that subject.

OF ENTERITIS,

OR ACUTE INFLAMMATION OF THE INTESTINES.

372. CHARACTER,—Severe, fixed, and depressing pain, with sense of heat, in the abdomen, more especially round the umbilicus,—increased on pressure,—preceded or accompanied by pyrexia, and generally by obstinate costiveness,—and followed by vomiting, and tympanitic distension.

373. Division of enteritis as it affects the substance of the intestines (*Enteritis phlegmonodea*), or their internal villous coat (*E. erythematica*):—symptoms distinguishing these.

374. State of pulse,—heat,—tongue,—urine, &c. in the progressive stages of the disease, according to its particular species (373).

375. **DIAGNOSIS.**—How to be distinguished from Colic,—and from inflammation of the other abdominal viscera.

376. Modes in which it terminates—resolution,—puriform effusion,—gangrene :—proportional frequency of these terminations according to the nature and degree of the exciting cause, and the form the disease assumes (373) :—Symptoms accompanying those terminations respectively.

377. **PREDISPOSING CAUSES ;**—Certain period of life ;—full living ;—plethora ;—habits of indolence ;—inactive state of liver ;—constitutional irritability of the intestines.

378. **EXCITING CAUSES ;**—A. Cold suddenly or long applied :—B. Substances irritating the intestines—(a.) by their bulk, shape, or indigestibility, e.gr. hard kernels, seeds, or stones of fruit,—pieces of metal,—calculus concretions,—scybala ;—or—(b.) by their chemical or specific acrimony, as concentrated acids or alkalies,—various metallic preparations, —drastic purgatives,—high seasoned food in large quantity :—C. Worms :—D. Spasm producing stricture or intro-susception :—E. strangulation of the intestine from hernia :—F. retrocession of gout, rheumatism, erysipelas, or chronic eruptions :—G. suppression of customary evacuations, as from piles, old ulcers, issues, &c. —Remarks on these several causes, and on the form of intestinal inflammation to which more especially each gives rise.

379. **TREATMENT.**—The indications are—1st, To lessen or check the inflammatory state by Venesection—by Leeches and Blisters to the abdomen,—by Digitalis? —2dly, to allay pain, vomiting and spasm, and to produce a determination to the surface of the body, as well as

சென்னை, 1897

தலைவர் அவர்கள் கீழ்க்கண்டவர்களுக்கு

அன்புடன் தெரிவிக்கப்படுகிறது. இவர்கள்
இந்த நேரத்தில் இங்கே உள்ளவர்கள்
தொகுப்பு 10-ம் பக்கத்தில் உள்ளவர்களுக்கு
20 மணிக்குள் இங்கே வரவேண்டும். இவர்கள்
இங்கே வந்தால் இவர்கள் இங்கே வரவேண்டும்.
இவர்கள் இங்கே வந்தால் இவர்கள் இங்கே வரவேண்டும்.
இவர்கள் இங்கே வந்தால் இவர்கள் இங்கே வரவேண்டும்.
இவர்கள் இங்கே வந்தால் இவர்கள் இங்கே வரவேண்டும்.
இவர்கள் இங்கே வந்தால் இவர்கள் இங்கே வரவேண்டும்.

தலைவர் அவர்கள்

இவர்கள்

சென்னை, 1897

தலைவர் அவர்கள் கீழ்க்கண்டவர்களுக்கு
அன்புடன் தெரிவிக்கப்படுகிறது. இவர்கள்
இந்த நேரத்தில் இங்கே உள்ளவர்கள்
தொகுப்பு 10-ம் பக்கத்தில் உள்ளவர்களுக்கு
20 மணிக்குள் இங்கே வரவேண்டும். இவர்கள்
இங்கே வந்தால் இவர்கள் இங்கே வரவேண்டும்.

தலைவர் அவர்கள்

இவர்கள்

இவர்கள்

சென்னை, 1897

1. If the Stomach will not reject purga.
tives retained by means of an
effervescent draught, it is of great
consequence to commence them as
soon as poss., since the opiates can
not diminish the inflammatory
action - and since the agony of the
disease is intense - and its progress
to a fatal issue rapid. H

eventually to reverse any hurtful metastasis that had taken place—(F. 378)—by the warm bath and fomentations,—by rubefacients,—by Opium, either alone, or joined with Calomel, or certain other forms of Mercury, and occasionally with mild diaphoretics ;—thereby preparing for—3dly, Rendering the intestinal canal capable of being safely and effectually cleared by suitable cathartics.—4th, Where the exciting cause consisted of hurtful ingesta, or other matters lodged in the intestines, and still continue to act,—to remove or abate their irritation,—by expelling, correcting, diluting, or inviscating them.

380. Observations on the individual means best adapted to fulfil these indications ; and the extent in which they are respectively to be employed, according to the greater or less degree of *atonic* character which the disease bears,—to the particular circumstances of the case,—the causes inducing it, &c.

381. Remarks on certain remedies proposed in Enteritis ;—Tobacco glyster ;—Quicksilver ;—Mechanical distension of the intestines by injections, &c.

382. Management necessary during the convalescent state, to secure a perfect recovery ;—and afterwards, to guard against a future recurrence of the disorder.

OF RHEUMATISM.

383. A denomination of disease including affections which, though connected with, and often changing into each other, yet differ considerably both in their respective assemblage of symptoms, and method of cure.

384. Imperfectly described by Hippocrates, &c. under the ambiguous term of *αρθριτις* :—first accurately discriminated by Ballonius, and by him called *Rheumatismus* ;—original meaning of the name.

385. Most commonly distinguished into *acute*—and

chronic :—often denominated also from the part affected, as *Odontalgia*,—*Pleurodyne*,—*Lumbago*,—*Ischias*,—Insufficiency of these distinctions shewn.—Another proposed, accordingly as the inflammation is—(a) *tonic*,—(b) *atonic*, or—(c) altogether absent ;—(a) RHEUMATITIS (acute rheumatism of authors)—(b.) RHEUMATAGRA (acuto-chronic rheumatism,—Scorbutic rheumatism of Sydenham?—Rheumatic Gout)—(c.) RHEUMATALGIA (chronic rheumatism of authors,—*Arthrodynia*. Cull.)

386. CHARACTER OF RHEUMATITIS—Obtuse sensitive pain, swelling, and redness,—attacking the larger joints more especially,—immediately preceded or speedily followed by Synocha fever (176),—generally accompanied by profuse partial sweats,—and often shifting its situation, with fresh exacerbations of fever :—lasting from two to several weeks, and then either going off entirely without desquamation, or changing to .

387. RHEUMATAGRA ; in which the joints last occupied by Rheumatitis, especially the ancles, knees, wrists, and elbows, remain swelled, stiff, and painful, sometimes with Œdema, for many weeks, or even months ;—the pain generally aggravated at night, or by external heat,—but attended with little or no pyrexia,—and not followed by any chalky concretions.

388. RHEUMATALGIA. Often after rheumatitis or rheumatagra, but frequently also without any previous inflammation or swelling, certain joints or muscles become affected with pain and stiffness, felt especially on motion,—often accompanied by spontaneous coldness and even paralytic torpor,—relieved by external warmth,—and much influenced by atmospheric changes.

389. PREDISPOSING CAUSES OF RHEUMATITIS AND RHEUMATAGRA, (386-7)—Irritable and plethoric, or sanguineous habit ;—vigorous period of life ;—sex ?—

indolence,—changeable climate and season;—(b.) preceding attacks;—scorbutic (?) habit;—mercurial irritability.

390. EXCITING CAUSES ;—Cold suddenly applied, especially when the body is overheated or fatigued;—certain unknown changes of atmosphere;—general febrile commotion however produced.—Syphilitic taint?

391. DIAGNOSIS, sometimes difficult between Rheumatism and Gout, not only from their general resemblance, but from their being frequently combined:—circumstances commonly distinguishing them, —in the patient's age, —sex, —condition and mode of life, —hereditary tendency, —exciting cause, —mode of attack, —symptoms during the progress—and, termination of the complaint—Rheumatic pains, how distinguished from syphilitic ones.—General character of rheumatic inflammation; and an examination of the humoral doctrine respecting it.

392. PROGNOSIS IN RHEUMATITIS—in general favourable as to life; but sometimes metastasis suddenly takes place to the brain, chest, or stomach, and proves quickly fatal:—instances of each of these.—Tendency to relapse.—Symptoms denoting a favourable termination.—RHEUMATAGRA generally tedious and difficult of cure; and in scrophulous or cachectic habits, sometimes ends in a state of the joints very analogous to white swelling.

393. TREATMENT OF RHEUMATITIS ;—Venesection; caution against the Boerhaavian notion respecting it.—Leeches.—Blisters?—Purgings,—different modes of proper, according to the period of the complaint, &c. Diluents—Sudorifics?—rules for their management.—Nitre?—Digitalis.

394. PROGNOSIS IN RHEUMATAGRA.—This disease not immediately dangerous; but generally obstinate

as well as painful, especially in scrophulous and phthisical habits, and when combined with syphilitic taint.

395. TREATMENT OF RHEUMATAGRA ;—Mild diaphoretics ;—tepid bath ;—local bleeding ;—blisters ;—tonic bitters, as Cinchona,—Mist. Myrrhæ cum Ferro, &c. ;—diffusive stimulants,—*Dec. Dulcamaræ?*—*Mercury*,—*Pil. Calomelanos cum Antimonio*.—Sudatorium ;—Douche ;—Electricity? or Galvanic aura.—Salt brine.—Vegetable, and Milk or Whey diet.—Sarsaparilla.

396. PROGNOSIS IN RHEUMATALGIA. In general more easy of cure than Rheumatagra, except in elderly persons, and when it takes the form of Ischias.

397. TREATMENT OF RHEUMATALGIA ;—Diffusively Stimulant diaphoretics, e. gr. Guaiacum,—Ammonia ;—Sem. Sinapeos,—Infus. Raph. rust.—*Dec. Mezerei* ;—*Rhododendron Chrysanthemum* ;—Slow Mercurial process.—Sulphur ;—Ol. Terebinth and—Ol. Jecoris Asellii, &c.—*External remedies* :—Tepid and vapour bath ;—various epispastic, rubefacient,—and stimulant plasters, liniments, and embrocations ; Cabbage leaves.—Friction, Champooing ;—Electricity,—Galvanic aura :—actual cautery,—Moxa.

398. Of the choice and management of individual remedies, according to the circumstances of the case ;—and account of the composition of some boasted empirical articles, e. gr. Essence of Mustard,—Mustard Pills, *Guest's embrocation*, &c.

399. Observations on the most effectual means of guarding against rheumatic affections, by proper clothing,—exercise,—friction,—cold bath, &c.

OF THE GOUT.

400. GOUT a general term, including, like Rheumatism, a number of morbid affections differing greatly

or vice, if possible - Electric shocks should
be weak, or they endanger a rupture of ves-
sels -

Infus. Sinapae & Oleum Teribinth. (The oil? ex-
pressed - 2 Pilula Guaiaci & a little mustard -
Sulfuric Acid and Castor oil -

99. Flannel next the skin - triple clothing &
exercise taken in it has benefited - a famous
old horse was cured in that manner -
The bath from 30° down to the freezing
point according to circumstances -

402. The effect of tight shoes, may render the disease doubtful - Gouty pain comes on in medio noctis - between 5 & 8 in the morning there is remission - exacerbation again at night -

In some cases of previous atonic gout the state of stomach is mended before the attack -

The urine is branny or lateritious at the crisis - the two last symptoms (402) alone decisive of the departure of the disease -

It sometimes remains two or 3 months -

403 - Sometimes fatal in a few hours - asthmatic symptoms supervening ^{months} as in a strong man from the application of cold -

405. Age 16 to forty five - Virility; eunuchs have seldom been found gouty -

both in their symptoms and seat, but all arising from the same primary cause.—The *αρθρις* of the ancients;—the *Podagra* of Boerhaave and Cullen:—*Fr. La Goutte*—origin and meaning of these names.

401. Sometimes denominated from the part it affects, as *podagra*,—*gonagra*,—*chiragra*,—&c.;—but the division into *regular* and *irregular*, or rather into *tonic* and *atonic*, the only one practically useful.

402. CHARACTER OF TONIC OR REGULAR GOUT;—Pain, swelling, and bright redness, suddenly affecting the joints of the feet or hands, and especially the ball of the great toe,—generally preceded by some unusual affection of the stomach;—followed by symptomatic synocha,—and going off by gentle universal perspiration, with sediment in the urine, and itching and desquamation of the part.

403. RETROCEDENT GOUT.—Sometimes the pain, swelling, and redness which had begun in the extremities, suddenly go off, and colic, delirium, &c. take place.—This more especially the case, where the regular course of the paroxysm is improperly checked, or where slight and fugitive pain, &c. with dyspepsia, and various anomalous symptoms, mark the *atonic* form of the disease.

404. MISPLACED GOUT.—At other times, instead of the extremities, the stomach, brain, lungs, intestines, kidneys, or bladder, become affected with disturbance of function, which immediatly gives way upon the inflammation appearing in the extremities.

405. PREDISPOSING CAUSES;—Original constitution, often hereditary;—middle and advanced age?—virility;—full living,—neglect of exercise;—weakness of stomach;—fermented liquors of the acescent kind;—the application of lead.

406. EXCITING CAUSES:—Occasional excess in

wine or spirits ;—sudden vicissitude of temperature, from variable climate, season, or exposure ;—sprains or other injuries ;—Passions of the mind,—anxiety,—intense application to study or business ;—excess in venery, &c.

407. DIAGNOSIS.—Marks generally distinguishing Gout from Rheumatism (391) ;—the two sometimes combined. The symptoms of *atonic* gout extremely numerous and proteiform,—often appearing as dyspepsia, hysteria, hypochondriasis, asthma, palpitation, syncope, vertigo, apoplexy, paralysis, &c. &c. according to the original or acquired tendency to those diseases ;—and thereby making the discrimination between it and several other disorders, occasionally very difficult.

408. Consideration of the question whether Gout primarily a disease of the *solids* or of the *fluids*,—with an account of the subordinate theories.—Arguments for a *morbific matter*,—others for the nervous pathology ;—difficulties attending them singly,—and conclusion that Gout is a compound disease.—Conjectures respecting the nature of gouty inflammation ;—its analogy to phosphoric combustion shown ;—and application of this to explain many difficulties with respect to the causes, symptoms, and cure of the complaint in different cases.

409. Discussion, whether regular fits of Gout remove or prevent *other complaints*, or rather, *other* and *anomalous forms of the same disease* :—arguments in the affirmative, illustrated by striking cases ;—with strictures on the opinion of Dr. Heberden.

410. PROGNOSIS, twofold, viz. 1st, as respects hazard to life ; 2dly, as regards permanent cure ;—To be drawn from the circumstances of constitution,—habit of body,—age,—condition and mode of life,—particular form of the disease,—its duration and effects,—its metastatic tendency, &c.

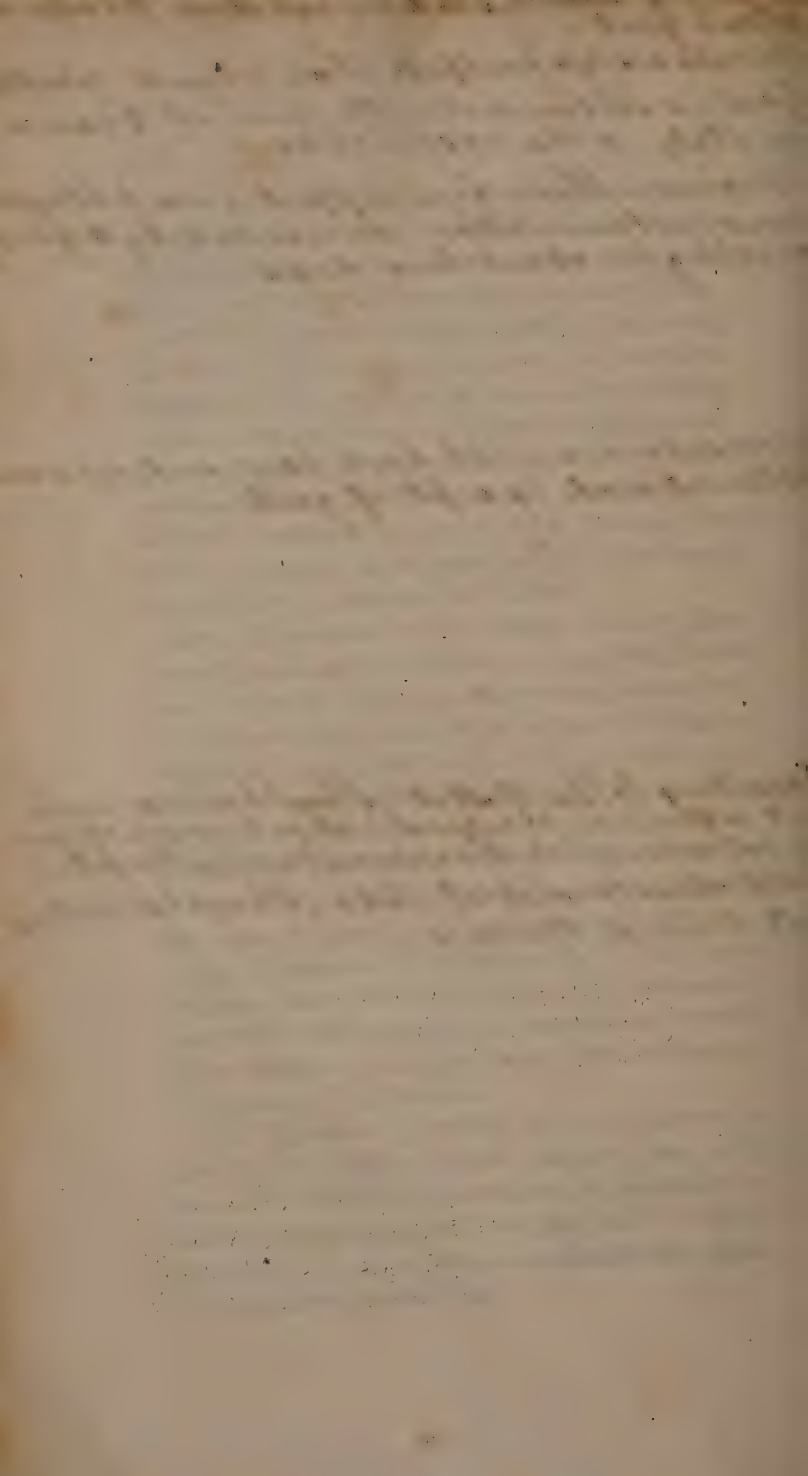
Causes of diminished circulation produce
atonic gout -

Spirits are less hurtful than wine or malt liquors.
Gout is seldom met with in S. of France,
in Italy, or the West Indies -

Sprains - Their first effect is a phlegmo-
nous inflammation, succeeded by a gouty
swelling in about two days -

Hypochondriacs with dark hair and eyes are
often relieved by a fit of gout -

According to Berthollet, Phosphoric or uric
acid is found in the perspiration & urine of gout-
ty patients, which disappears during the fit -
Chalk stones consist of Soda, Phosphoric Acid
and Animal Mucus -





The disease is virtually atonic -

V. T. in young & plethoric persons -

Emetics White Vitriol or Ipecacuanha -

G. L. Decoct. Aloes. C.

Leg. amm. Act. cu Ammonia -

Temperature easy to the patient -

Kinglake's practice of cold applications is very
dangerous - Baker, Surgeon, of Uxbridge
died in 3 days after the trial -

It has caused insanity - delirium -

trismus - syncope - death - Gastro-
dynia -

Piled silk renders the joint weaker subseq.

Soap &c may increase pain -

Camphor has caused retrocession -

Opiates are not very useful -

Cinch. ʒj infused in a bottle of Madeira;
of this half a glass full has proved use-
-full in spasm of the ankle -

Saline purges - in elderly people Senna
or Vin. Aloes cu Peperites -

411. THE TREATMENT of Gout necessarily various, accordingly as the disease is—*tonic* or *atonic*,—*retrocedent*,—*misplaced*,—*hereditary* or *acquired*;—but chiefly resolved into that required *during the fit*,—and that proper *during the interval*.—The principal indications are, 1st—

412. IN THE PAROXYSM,—to moderate the violence of the inflammatory symptoms,—and conduct the disease with safety to its natural termination;—By Venesection?—Emetics?—brisk cathartics?—gentle laxatives, diluents, and mild diaphoretics:—regulation of temperature;—application of cold water,—the circumstances and management necessary to render it safe; and various cases of its fatal effects related.—Remarks on the opposite plan of—vapour bath,—oiled silk,—fleecey hosiery, &c.—External applications,—Soap plaster or Cerate,—Native Oil of Camphor, &c.—Opiates;—tonics.

413. 2dly, WHEN RETROCEDENT OR MISPLACED, to recal it to its proper seat in the extremities;—By local evacuations from the affected parts;—blisters, and rubefacients to the extremities;—Opiates, and diffusive stimulants, as Vol. alkali—Camphor,—Musk,—Wine,—Spirits, &c. very hot Pediluvium alone, or with oxygenated Muriatic Acid.—Liniment with Phosphorus?—Doubts respecting the propriety of some of these in certain cases of retrocedent gout, and success of an opposite plan illustrated by cases.

414. 3dly, IN THE INTERVAL, to remove the effects it has produced, and obviate its recurrence,—by diet and regimen adapted to the form of the complaint and circumstances of the person.—By very moderate use of, or entire abstinence from—fermented and spiritous liquors,—animal food,—excessive study,—and

sexual pleasures :—Regularity in exercise and sleep ;—friction ;—Cold bath ;—employment of bitters, and other tonic medicines ;—antacids—warm laxatives.

415. Account of the chemical composition of chalk-stones, and the methods that have been proposed for their removal.

416. Remarks on particular remedies, and modes of treatment :—Guaiacum ;—Semen Sinapeos ;—Ginger ;—Cajeput Oil ;—Sulphur ;—Bath and Buxton water ;—Cicuta ;—Dulcamara ;—Le Fevre's specific ;—the Portland Powder ;—the bad consequences observed to follow this powder, accounted for.—Buzaglio's method ;—Mr. Welles's remedy.—Eau Medicinale de Husson.

CATARRH.

417. Derivation, and meaning of the term.—*SYN.* *Destillatio* of Celsus—*Anglicè*.—A Defluxion,—A Cold.

418. *DEFINITION* ; Inflammatory state of the mucous membrane lining the nose, fauces, trachea, and bronchia, with pyrexia ; often epidemic, and sometimes contagious.

419. *SYMPTOMS* ;—Fulness of the Schniederian membrane, with subsequent increase of secretion,—progressively extending to the fauces, trachea, and lungs, and causing a sense of rawness and soreness of these parts, accompanied with more or less cough and expectoration :—Stiffness, and often great tenderness of the skin round the nose and eyes ;—gravedo ;—dulness and confusion of thought ;—stiffness and soreness of the cervical muscles ;—general lassitude and aching of the limbs ;—occasional chills, particularly along the spine ;—quickened pulse ;—increased heat ;—dryness of skin ;—whiteness of

413 - Opium & Vol. Alk. &c remove pain and
spasm of stomach - an emetic has been
serviceable in overdistention & stimulus of
stomach in hellebore -

414 - Vegetable food is most likely to cause
atonic gout -

Bitters injure the tone of the stomach -

Apoplexy & Palsy or some chronic disease are
effects of the use of Portland powder.

Buzagli's plan was violent exercise -

Waller's remedy was an infusion of the berries
of the *Phytolacca Americana* in brandy -

Is the *Coca medicinalis* an infusion of Mush-

-rooms in wine? It palliates the pain -

purges, or vomits, or causes diaphoresis

or anuresis - it ultimately weakens
the tone of the stomach -

The cuticular transpiration is unequal on the surface - the eruptions resemble those of Varicella - the pus seems contained in cells. They are always favorable in fevers, indicating atmospheric influence, not contagion -
420. Cold united with moisture, which last seems very prejudicial -

7. A Linctus of Conserv. of Hips & Syrup of Poppies - An emetic sh. be given but once - The saline nature & viscosity of the mucus are destroyed by the inhaler, which should be used at night under the bed clothes so as to cause Diaphoresis -

423. The danger arises from Pneumonia - The cold will take its course - The La Grippe of the Continent was attended by great vascular action & needed the lancet. Mucus was poured into the pulmonic cells & destroyed in a few hours - here emetics would have been useful -

The disease (424) may terminate in thickened w. cartilaginous or ossous state of the membrane of the lung -

426. The cough is at first dry - the pus is yellow, greenish, or dirty grey -

tongue ;—evening exacerbation and morning remission of fever.—Eruptions about the nose and mouth.

420. PREDISPOSING and EXCITING CAUSES ;—individual disposition :—sudden change of temperature, and especially cold applied to the head, neck, and chest ;—certain states of the atmosphere operating extensively, and giving rise to an *Epidemic Cold*, or *Influenza* ;—Contagion.

421. Account of some of these Epidemics, particularly that of 1782, and of 1802-3 ;—their general and peculiar symptoms ; and their respective results.

422. TREATMENT of SIMPLE CATARRH, or that arising from ordinary causes ;—laxatives, —diaphoretics, —pediluvia, —blisters, —bloodletting, —Opiates ;—demulcents, —expectorants ;—emetics : —Inhaler ;—re-
marks on these. 7

423. TREATMENT of EPIDEMIC CATARRH, or *Influenza*, to be regulated not only by the constitution and habit of the patient, but—by the general character, —and peculiar or urgent symptoms of the disease ;—and especially, by the sudden change which often takes place, from an apparently active inflammatory state, to one of great prostration.—Illustration of this, drawn from the history of such epidemics, particularly that of 1802-3.

424. For the treatment of chronic Catarrh, see Phthisis.

OF PHTHISIS PULMONALIS,

OR CONSUMPTION OF THE LUNGS.

425. Derivation and meaning of the name.

426. CHARACTER ;—Cough, hectic fever,—and puriform (266) expectoration,—accompanied with ge-

neral emaciation and debility,—and succeeded by colliquative sweats, often alternating with diarrhoea.

427. Symptoms very various both in number and degree, in different cases—sometimes from obvious causes, often from unassignable ones ;—and hence dispute whether the pulmonary affection be the primary and essential cause,—or whether merely an accompaniment of the general disease. Consideration of this point.

428. The symptoms that more commonly occur, are—Cough, either frequent, and teasing, or occasional and severe ;—sometimes dry at first, oftener with expectoration of tough phlegm, blackish mucus, or of puriform matter, sometimes streaked with blood:—Dyspnœa ;—**3** dull and oppressive, or sharp and shooting pain in the chest,—but sometimes neither :—Tongue generally foul,—often morbidly clean and red,—occasionally quite natural.—Skin in general dry and hot, but especially the palms of the hands, and soles of the feet,—with circumscribed flush on the cheeks ;—often, transient chills,—more commonly, a regular febrile paroxysm morning and evening, with nocturnal sweats. (*Hectic Fever*).—Mind little impaired ; sometimes more acute—and generally confident of recovery ;—but decay of the bodily functions shewn by,—gradual loss of flesh and strength, pearly whiteness of eye,—incurvation of the nails, and sometimes loss of the hair.—Appetite variable,—generally impaired, but occasionally craving, and sometimes good to the last.—Vomiting after eating.—Colliquative diarrhoea, alternating with the night sweats.—Œdema of the feet and legs, with aphthæ of the fauces, and occasional delirium, often precede death.

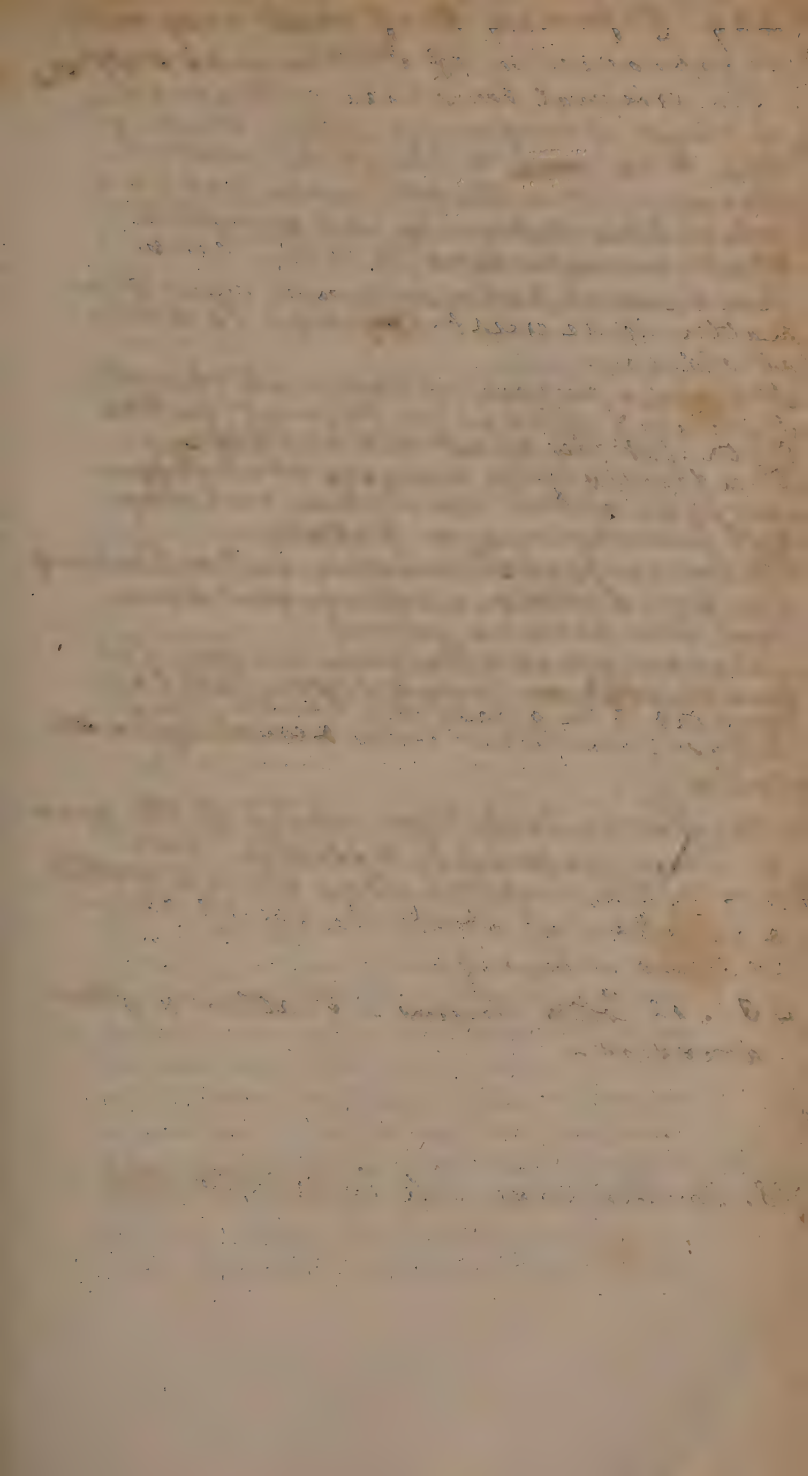
429. PREDISPOSING CAUSES ;—Original, and often hereditary tendency ;—marked by irritability and weak-

The sweats are nocturnal - the exacerbation at noon.

Fever or inflammation will produce the latent disposition -

There is sometimes an increased discharge from the lungs, resembling starch; this is not the discharge of Phthisis -

The seat of this pain is said to be that of a tubercle - the tongue is whetish - or with a brown central streak - the morbidly red tongue has been noticed in hepatic affection -



429. Deformity &c of chest may not be so productive of Phthisis as supposed - the external bony case of the cranium & chest is conformed to the shape of the brain ~~and~~ & lungs &c, not the reverse - it is the stumorous habits of which this deformity is a symptom, that proves perhaps to be the cause - besides such patients mostly enjoy good health, if we except dyspnoea, & arrive at old age -

It seems a disease of temperate climates - Inflammⁿ of lungs are frequent in the North, but they do not end in Phthisis - Three fourths of the diseases at St Petersburgh are of this description, and they end in empyema or fatally -

The low parts of Lincolnshire are particularly free from Phthisis, & patients sent down from hilly parts are relieved -

Cabmen, m^athens & Butchers are very free from this disease - Curry supposes these last benefited by the grease they handle being diffused over their bodies & equalising perspi-
-ration -

430. Particularly clear whites of the eyes - These, as found by dissection, have mostly the empyematous species of Phth - & are attacked about the age of 35 or 35 to 40 or beyond -

431. 12 Cotton Singers - Feather & flax-dressers -

18. In this case bile is expectorated -

ness of the vascular system, especially of the lungs,—and by frequent catarrh or hæmoptoe.—Scrophulous habit, laying the foundation of tubercles.—Narrow or deformed chest.—Earlier period of adult age.—Variable climate;—local quality of the air.—Inquiry why so frequent in England;—and why certain trades particularly free from phthisis.

430. Observations on certain marks considered as denoting the phthisical tendency;—Sanguineous temperament,—fair soft skin and hair,—light eyes;—tall and thin person,—long slender neck,—projecting shoulders;—long fingers, with very convex nails;—unusually white, and sound teeth.—Opposite description of persons in whom also the disease occurs;—middle or low stature—opaque skin,—dark hair and eyes,—dilated pupils,—tumid upper lip;—short fingers, with truncated nails;—Forms which it respectively assumes in each of these. 2.

431. EXCITING CAUSES;—Pneumonia,—Catarrh,—Measles,—Small Pox,—Whooping Cough,—Various Fevers—Spontaneous Metastasis, or repressing of certain eruptions;—Sudden variation of temperature; neglect of covering the breast and neck;—certain unknown condition of atmosphere.—Frequent over-exertion in speaking, singing, or blowing musical instruments.—Compressing the chest by tight bands, stooping posture, &c.

12. Inspiring certain kinds of dust or vapour.—Substances accidentally lodged in the trachea.—Inhaling the breath of persons in the advanced stage of phthisis?—Hæmoptoe:—mechanical injury of the lungs, from blows, &c.—Formation of calculous matter in the lungs.—Communication of hepatic abscess (343).—Syphilitic taint?—18
Mercurial irritation.—Febrile irritation from Worms.

432. Appearances on dissection, illustrated by pre-

parations, and connected with the previous symptoms,—dividing phthisis into *three* principal species, viz.—A. the *vomical*.—B. the *catarrhal*.—C. the *tubercular*;—and explaining many particulars observed in the rise and progress of the disease,—the effect of remedies,—and the final result.

433. Account of the different opinions entertained respecting tubercles. Their true nature, and their variety, illustrated by preparations; and the different appearance of the *sputum* explained from thence.

434. Description of hectic fever, and discussion of the several theories offered to explain it;—general debility,—defective assimilation of chyle;—suppurative /
2 inflammation;—absorption of pus;—abstraction of ✓
4 nourishment;—hyper-oxygenation of blood;—general
5 state of the system.

435. Tests proposed to determine the purulent nature of the expectoration:—inutility of them shown, and obvious characteristic marks pointed out.

436. DIAGNOSIS.—Symptoms distinguishing idiopa- /
thic Phthisis from Catarrh,—Vomica,—Empyema,— ✓
Chronic Hepatitis, &c.:—these, however, often fallacious, and why.

437. PROGNOSIS;—to be drawn from—the mode in which the disease arose,—its duration,—and its slow or rapid, its interrupted or uniform progress,—the number and degree of the symptoms present,—and the effects already produced. But slightest symptoms alarming, where hereditary tendency traceable.—Has been sometimes removed by supervening insanity, or typhus fever; and is *often suspended* by pregnancy:—instances of these.

438. THE TREATMENT OF PHTHISIS will depend

132. A. Acute symptoms & frequent slight shiverings - large expectorations, with long intervals; the pus gradually accumulated & filling the Vornica -
 B. Tugging cough; this is a tracheal disease, (that membrane being thickened) & is slow in its progress -
 C. Destructive not by ulceration, but functional structure, as the last process of sanguification is perhaps performed by the lungs - is common in tall persons, in whom loss of flesh & strength precede phthisical symptoms - this wasting is progressive,

33. The Catarrh

- Expectum is creamy -
 The tubercular, at thick, viscid, grey, or olive green matter -
 434. An attack at noon - another at eve with profuse sweats - 1. This exists often in the body without hectic - Hectic is most violent when the pus becomes exposed to the air.
 Shivering frequently occurs with the formation of miliary pus - Curry differs from Hunter, who says absorbed pus does not irritate at all -
 4. Beddoe's theory, founded on velocity of pulse. It is probable however that Oxygen is not absorbed. Besides the lungs are much destroyed & the Oxygenation not so less - lastly phthisis is suspended during pregnancy?
 435. Cases of purulent expect.^o are less fatal -
 The pus of gonorrhoes is tasteless - of tonsils fetid -
 The pus is not so dense or opaque as that from an external ulcer.
 36. 1 Here the cough is unattended by wasting - Empyema is on the anterior part of the chest - even bulges out the ribs & is mostly on the right side -

436. As to its diagnosis from Chronic Hepatitis, it may be determined by the precedence for some time of hepatic symptoms to the others.

437. The prognosis is worst, if the disease commenced with languor and hectic symptoms hematemesis

The cirrhosis having been superseded by mania is a proof that the symptoms do not always imply destruction of structure - probably in such cases, they originated in hepatic affections -

438. A. Copious bloodletting must be
hurtful, since we find Tsuchi phthisi-
cal persons as have considerable
hemorrhages, sink more rapidly &
Leeches should not be preferred to cup-
ping, provided this be tolerable by
the patient. Blisters produce great
exhaustion - is this the effect of dia-
-syrasy? Issues &c are serviceable
in case of local permanent pain,
as here pleuritic adhesion may be
suspected - Nitro. should be dissolved,
& given in small doses, or it will cause
cough - Much of this or Tartar Crystals
creates Diarrhoea - The Sulfuric Acid
is particularly serviceable in the
sweating states of consumptives -

B. Digitalis is useless in the tubercu-
-lar state of the disease - and when
given, unless it relieves other symptoms
than the quickened pulse, should
directly be discontinued -

"Tinctura Antiphthisica" is formed
by Sul. Ferri & Acetax Plumbi - This
last & opiates particularly usefull
in pulmonic hemorrhages - As to opiates,
their best form is that of Extract or
Vinum - The Crude & the Tincture are
offensive and useless - The Black Drop
is excellent - For local irritation of
the glottis the Symplex Papaveris -

The effect of Cicuta can be judged
only by its action on the head, producing
vertigo; if, with this, the appetite &c.
be not impaired, continue its use -
Curry has found Hyoscyamus usefull

in 12 cases, where it has benefited in one.
The xarxa probably is inert - it
should perhaps be given in milk -
7. Palliates does not cure -

C. Diarrh is prejudicial - where there is pallor, Griffith's Mixture, with, or, without steel, should be given - Chalybeates should not be given, where the hectic flush exists - Stimulants in this disease, if ever proper in hot climates, are not likely to be so in this - in the east there is a laxity surely which is relieved by them; so we require Callicon &c. The Lichen Islandicus is inert. A mixture of one part Ag. Calcis & two milk is good for the Diarrhea & as nutriment. Koumiss is mare's milk heated by the fire & repeatedly shaken in a skin &c until it coagulates -

much upon the nature of the predisposing and exciting causes, and the particular form which the disease puts on (432);—but especially upon its being—(a.) accompanied with considerable inflammatory irritation,—or—(b.) marked by great general loss of *power* (117, 137, 252-4).—The chief indications, therefore, are—

A. To diminish inflammatory action,—By Occasional small bleedings?—cupping,—leeches;—dry cupping;—Blisters;—issues;—setons. —Refrigerents—Nitre?—Crystals of Tartar;—Acids;—Infus. Rosæ cum Sulphate Sodæ vel Magnesiae.

B. To lessen irritability both local and general;—by Digitalis:—Acetas Plumbi?—Opiates;—what kinds best, —most effectual modes of administering them.—Cicuta.—Hyoscyamus:—Sarsaparilla.—Breathing different kinds of factitious or modified air.—Inhaling vapour of warm water,—Æther, &c.

C. At the same time, to support or increase *power*, as far as is consistent with the two preceding indications:—by Mild tonic bitters;—Myrrh;—Lichen Islandicus;—Lime Water and Milk, &c.—Light and nourishing diet, adapted to the patient's digestive powers; but, in general, consisting chiefly of ripe saccharine or subacid fruits, and other vegetable matters, joined with Milk:—Varieties of Milk, and its preparations:—Ass's milk—Cow's milk — butter-milk; — Goat's-milk whey; — *Koumiss*.—Bristol Water?

D. Throughout the progress of the treatment,—to check all urgent symptoms,—and to obviate as far as practicable, such of the exciting causes as may still continue to act.

439. Modifications of treatment especially necessary under particular forms of the disease.—Remarks on certain remedies occasionally employed; and inquiry into

the nature of the case, and their probable *modus operandi*, when beneficial ;—Mercury ;—Petroleum and its Oil ;—Bals. Copaibæ, —Mecca Balsam ;—Tar Water ;—inhaling resinous fumes ;—Cinchona ;—Emetics ;—Sulphur, —Sulphuretum Potassæ, &c.

440. Means proper for checking colliquative sweats and diarrhœa ;—for correcting the fœtor of the expectoration, &c.

441. Remarks—On the choice of climate and situation ;—On various modes of exercise ;—riding on horse-back ?—easy carriage ;—sailing ;—swinging ;—rotatory machine ;—On the most proper cloathing ;—regulation of sleep ;—amusements, &c.

OF THE EXANTHEMATA,

OR FEVERS WITH CHARACTERISTIC ERUPTION.

General observations on eruptive Febrile Diseases.

OF MEASLES.

442. *SYNONYMA*,—*Morbilli*; *Rubeola*.

443. *CHARACTER* ;—A contagious disease, occurring but once during life, —ushered in by sneezing, —swelling, redness, and watering of the eyes, —flushed and turgid countenance, —drowsiness, —and frequent hoarse dry cough, —accompanied with fever, that is, throughout, of the synocha kind (175-6) :—on the fourth or fifth day, the skin—more especially of the face, neck, breast, and trunk, appears thickly beset with small red spots, scarcely elevated, running into clusters, and at the end of three days, going off in small branny scales, —often leaving behind a troublesome diarrhœa, —or considerable pneumonic affection, cough, and symptomatic fever.

444. *PREDISPOSING CAUSES*, —a susceptibility to

Eastern Green by the ...
...
...

440. Infus. Rosa and opium -
For the Diarrhoea a decoction in
milk of the Pomegranate Rind -
Cool fluids only sh^d be given -

1852. Dec 14. a week since
I saw wh Mr Spencer Mrs
Smith, a Br's wife - 45
Circiter; aduncois nails;
pneuse 120; micois râles;
some expectoth. To abolish
Squills, laudanum effec.
To drink oil Morrhua; wh
she cld not. Porter, animal
did. Liliine, since oil
rejected. Today, cough,
spontaneous, pneuse 78. Vires.
Spec. "Vale!"



the specific contagion, almost universal under puberty, but gradually diminishing afterwards; and perhaps always greatest in sanguineous, irritable, and plethoric habits.—Spring and Summer season.

445. **ESSENTIAL EXCITING CAUSE;**—the application of the specific Contagion, most probably in the state of vapour.

446. **DIAGNOSIS.**—Distinguished from Catarrh by the eruption;—from Scarlatina by the character of the efflorescence,—the state of the fauces,—the prevailing epidemic,—or tracing the contagion,—the form of the fever, &c.

447. **PROGNOSIS,**—To be drawn from—the general event of the disease;—the violence of the febrile state;—but, especially, from the degree of the pneumonic symptoms,—with the previous delicacy of the patient, and tendency to pulmonary complaints.

448. Account of the attempts to produce a milder disease by inoculation.

449. **THE TREATMENT** of Measles must be regulated by—the inflammatory form of the disease,—its specific nature as to duration,—and the particular urgent symptoms which arise in certain stages of it.—The chief indications are—A. To moderate the violence of the general febrile state;—by Venesection?—gentle laxatives;—moderately cool air;—vegetable diet;—cooling sub-acid diluents:—B. To prevent or check any unusual determination to the lungs, intestines, or brain, in the progress of the disease,—by general blood-letting;—leeches to the chest, abdomen, or head;—blisters to the same parts;—mild antimonial diaphoretics:—C. To guard against the bad consequences which often result from Measles,—By Opiates;—Digitalis;—

Perpetual blisters, issues, or setons;—mild atmosphere,
—Ass's milk, &c.

450. Question concerning the propriety of *early general* bloodletting,—Remarks on the hazard of treating the diarrhoea by astringents and opiates;—and a different mode, founded on the nature of the disease, pointed out. Bad consequences resulting from the sudden or long continued application of cold;—and means of removing them.

451. Account of the typhoid or putrid type which Measles have been sometimes observed to assume;—and the treatment proper under such circumstances.

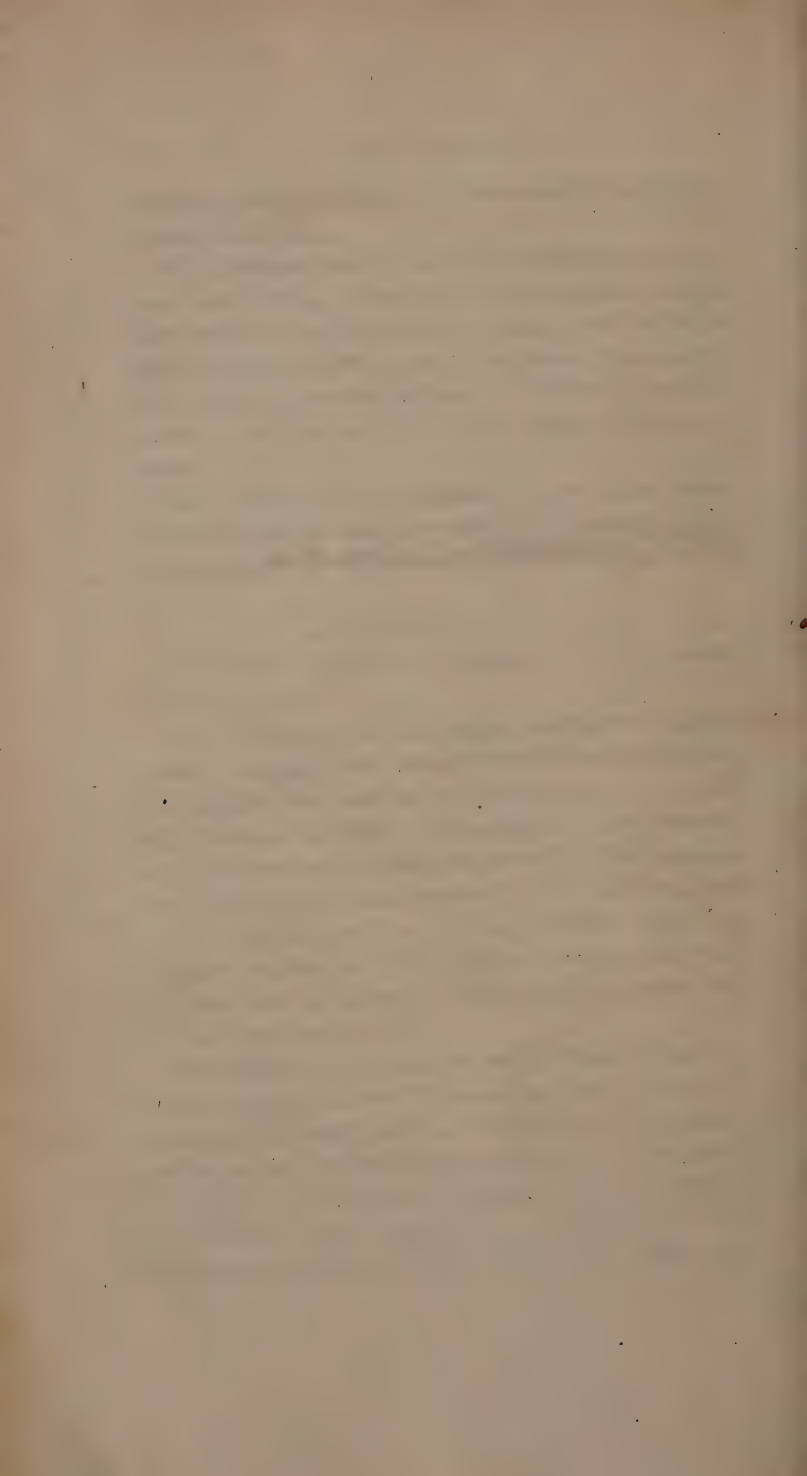
OF SMALL POX.

452. SYN. *Variola* of authors.—Fr. *La petite Verole*.

453. CHARACTER. A highly contagious eruptive fever,—occurring but once during life;—commencing with languor,—drowsiness,—pyrexia,—pain of the head and loins;—vomiting,—and soreness of the stomach on pressure:—on the *third* day generally, there appear, first on the face, and successively on the inferior parts until the *fifth*—small red spots, gradually rising into pimples, which fill with *puriform* matter, afterwards dry into hard scabs, and, on falling off, frequently leave pits or marks in the skin.

454. Division of Small Pox into the *tonic* and *atonic* forms, or into—A. the *Distinct*—having few, detached, circular, and turgid pustules, with rose-coloured bases, accompanied by fever of the synocha type, abating considerably on the eruption taking place, and going off almost entirely on its completion:—And into—B. the *Confluent*—shewn by—more violent and typhoid py-

457. Decoctum Senecae —



456. A single epileptic fit is stated to prognosticate a mild disease -

7. The swollen tonsils sometimes close the fauces - the viscid saliva in infants requires vomits for its evacuation. ---

This swelling is (11) subinflammatory - it is the *Edema calidum* of Boerhaave -

rexia,—generally with coma and delirium :—followed by an earlier eruption (often with erysipelatose appearance) of numerous, small, flaccid pustules,—running together, and containing a thin serous fluid, or brownish ichor ;—the fever abating but little on the commencement, and often increasing considerably on the termination of the eruption :—and attended with more severe ptyalism and affection of the fauces,—or instead of them, in infants, with diarrhoea.

455. Other denominations of—*mild and benign*,—or *putrid and malignant*,—accordingly as the symptoms are moderate,—or as they are attended with hæmorrhage, —petechiæ,—bloody urine,—and other marks of a highly *atonic and septic* state. —Occasional varieties—e. gr. crystalline pock. (*Variola crystallina*, Mead and Sauvages.)—wartlike (*V. verrucosa*, M. and S.)—bloody (*V. sanguinea*, Mead.), &c.

456. Circumstances occurring at certain stages or periods of the disease, e. g. —in adults, tendency to sweating during the primary fever, especially at the time of eruption :—in infants, epileptic fits about the same period ;—*Fifth day*, pustules begin to vesicate.—On the *eighth*, if eruption numerous,—swelling of the face, closing of the eyes, inflammation of the fauces, and discharge of viscid saliva.—*Eleventh day*—pustules at their height ;—swelling of the face, affection of the fauces, and ptyalism subside,—and are followed by tumefaction of the hands and feet, which goes off as the pustules mature.—Secondary fever—coming on when suppurative process completed.

457. PREDISPOSING CAUSES :—A *seminium*, or susceptibility of being affected by the specific Exciting Cause, (458) which very few are entirely without.—and

though varying greatly in individuals, yet most considerable in early life, and probably increased by whatever excites inflammatory diathesis, as—full living,—particular epidemic constitution of the air,—certain seasons, &c.

458. **EXCITING CAUSE**,—The peculiar and specific virus multiplied during the disease, and applied to a susceptible person, either in a palpable form, or in a state of vapour :—proofs of this.

459. Advantages of *inoculated* over *casual* Small Pox.—Causes assigned for this,—choice of patient's age, and state of health ;—season of the year ;—preparation ;—early management of the disease ;—quality of the matter used ?—quantity introduced ?—Remarks on each of these heads ;—with precautions necessary to the success of the operation, and security of the patient.

460. Phenomena of the disease explained on the commonly received humoral pathology.—Objections to this pointed out ;—and a different explanation offered.

461. **DIAGNOSIS**.—Difficulty sometimes of distinguishing Small Pox from other febrile diseases, in the early stage of the disease ;—circumstances requiring attention for this purpose, e. gr. prevailing epidemic,—ascertained exposure,—probable communication, &c.—Occasional concurrence of Small Pox and Measles : consequences of this.—Marks whereby to distinguish Small Pox from Chicken Pox (467-8).

462. **PROGNOSIS**.—The disease generally most severe in adults,—in plethoric, irritable persons,—and in scrophulous habits :—probable causes of this.—The danger usually in proportion to—the quantity of eruption,—its confluence,—and, to the degree and kind of pyrexia which attends (B. 454).—Symptoms that forebode

459 - Stelloric patients should be previously reduced by bleeding & purges to a more healthy standard -

Cachectic should be raised to it by full diet & tonics

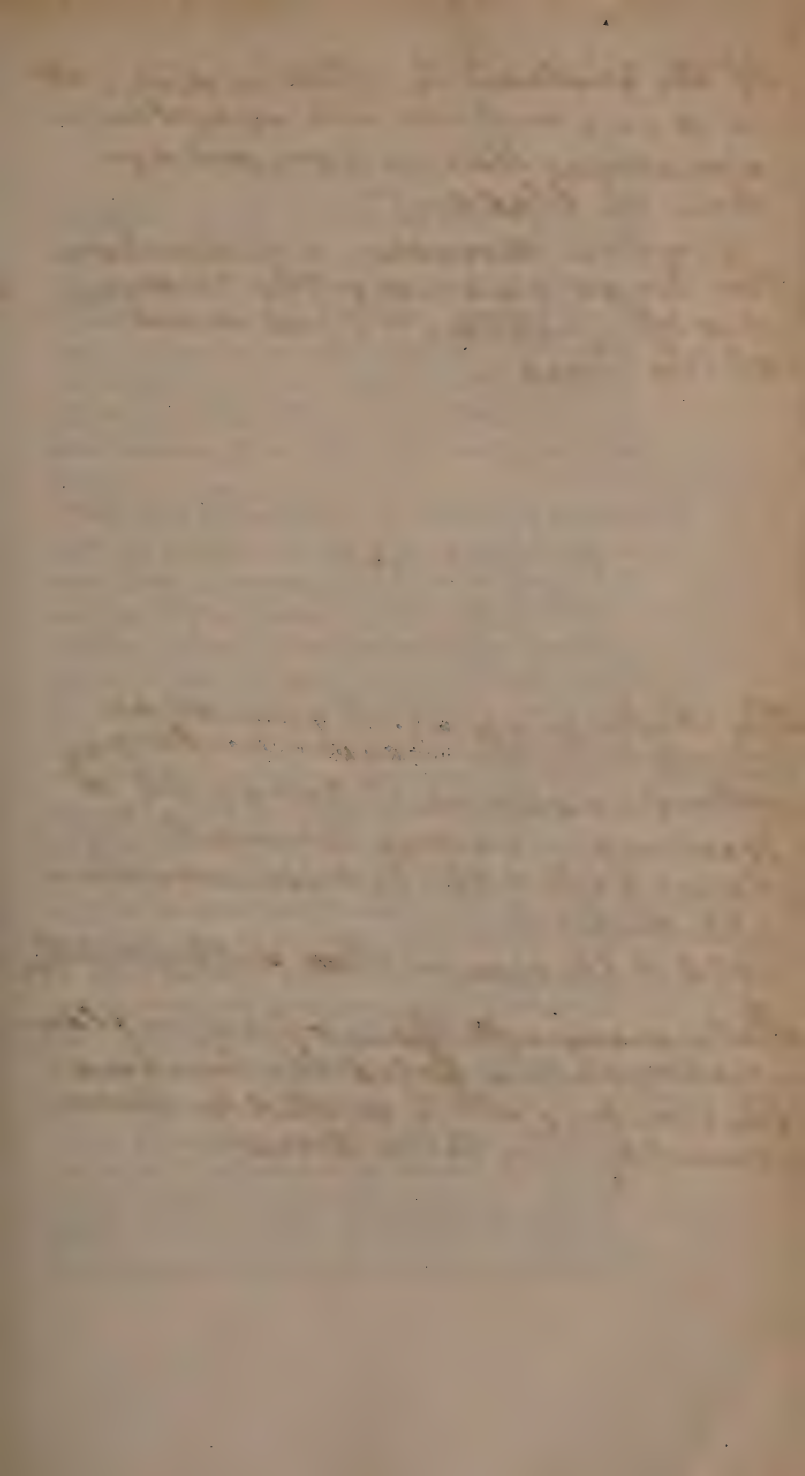
The Winter & spring are the most proper seasons -

The quantity of matter introduced by many punctures does not produce any increase of symptoms, but of local.

462. An idiosyncrasy sometimes betrays itself by most violent symptoms -

Scrophulous patients, especially such as have cutaneous affections, never escape the pitting after the pustules.

If the confluent cases about two-thirds are fatal - of the distinct one in a hundred -



Smallpox & measles -

If the epistaxis be still a deal, it is a very unfavorable symptom - sometimes there is hemorrhage from the bladder.

Mesenteric diseases, & tubercles in the lungs are among the consequences of Smallpox. So are scars of the Cornea -

Stomach & intestines very inflamed - blood from gums & nose - mesenteric & tubercles & corns & sores -

The Antimonials sh^d. be given so as to produce neither nausea nor purging. Sydenham's drink of Beer & acid is too strong - Sutton's "Lemonade" containing Sp. & Eth. Nitrosi is a valuable medicine -

Cold & effusion in close sultry weather.

Pulmonary affections of an inflammatory nature forbid the Cinchona - The Vomiting sh^d. be excited by Speca-

caulia in large doses -

a confluent eruption.—General bad signs;—fever continuing high after eruption complete, especially with delirium, coma, &c.—pustules ceasing to fill, or flattening;—their having a pale or livid disc;—intermediate erysipelas, or petechiæ:—sudden subsiding of the pyalism and swelling of the face, without consequent tumefaction of the hands and feet;—hæmorrhage from the nose, intestines, &c.—Danger from subsequent complaints.

463. THE TREATMENT OF SMALL POX necessarily very different, not only from the general *tonic* or *atonic* form it assumes,—but from the changes that take place in the successive stages of—primary fever, — eruption, —maturation, —and secondary fever;—and the urgency of particular symptoms in individual cases.—The general indications, however, are—A. In the *tonic* form, to moderate the violence of inflammatory state by —Venesection;—purging;—vomiting:—antimonials;—application of cold air,—cold affusion;—vegetable diet;—cooling subacid drink;—Nitre? &c.—B. In the *atonic* form, to remove irritation from the primæ viæ by gently emptying the stomach and intestines;—and afterwards to support the *power* of the system, and prevent or correct the septic tendency,—by the use of Cinchona, Angustura, &c.—vegetable and mineral acids;—Wine;—Camphor;—Opiates;—warm diaphoretics;—fomentations;—blisters;—brisk fermenting liquors;—Carbonic Acid glysters; &c. &c. *Infusum Serpentariae*. *for strong constipation.*

464. Management necessary under urgent symptoms —e. gr. when convulsions occur;—when the eruption does not appear;—when the pustules flatten;—when the affection of the throat, and the difficulty of swallowing and breathing are very great;—when the patient is sleep-

less, or troubled with cough;—when the secondary fever takes place.

465. Of the means recommended for preserving the eyes from injury, and lessening or preventing the deformity of pits, seams, &c.

466. Diet and regimen proper after violent Small Pox, to guard against the consequences that often follow.

OF THE CHICKEN POX.

467. **SYNONYMA.**—*Varicella*, Cull.—*Variolæ Pu-silla*, Heberden :—bastard, Chicken, or Swine Pox.

468. **CHARACTER** ;—A specifically contagious eruptive disease, occurring but once during life, and communicable by inoculation :—febricula of the synocha kind, followed by few and scattered pustules like Small Pox, which vesicate at top, then dry into crusts without suppurating, and rarely leave any marks behind.

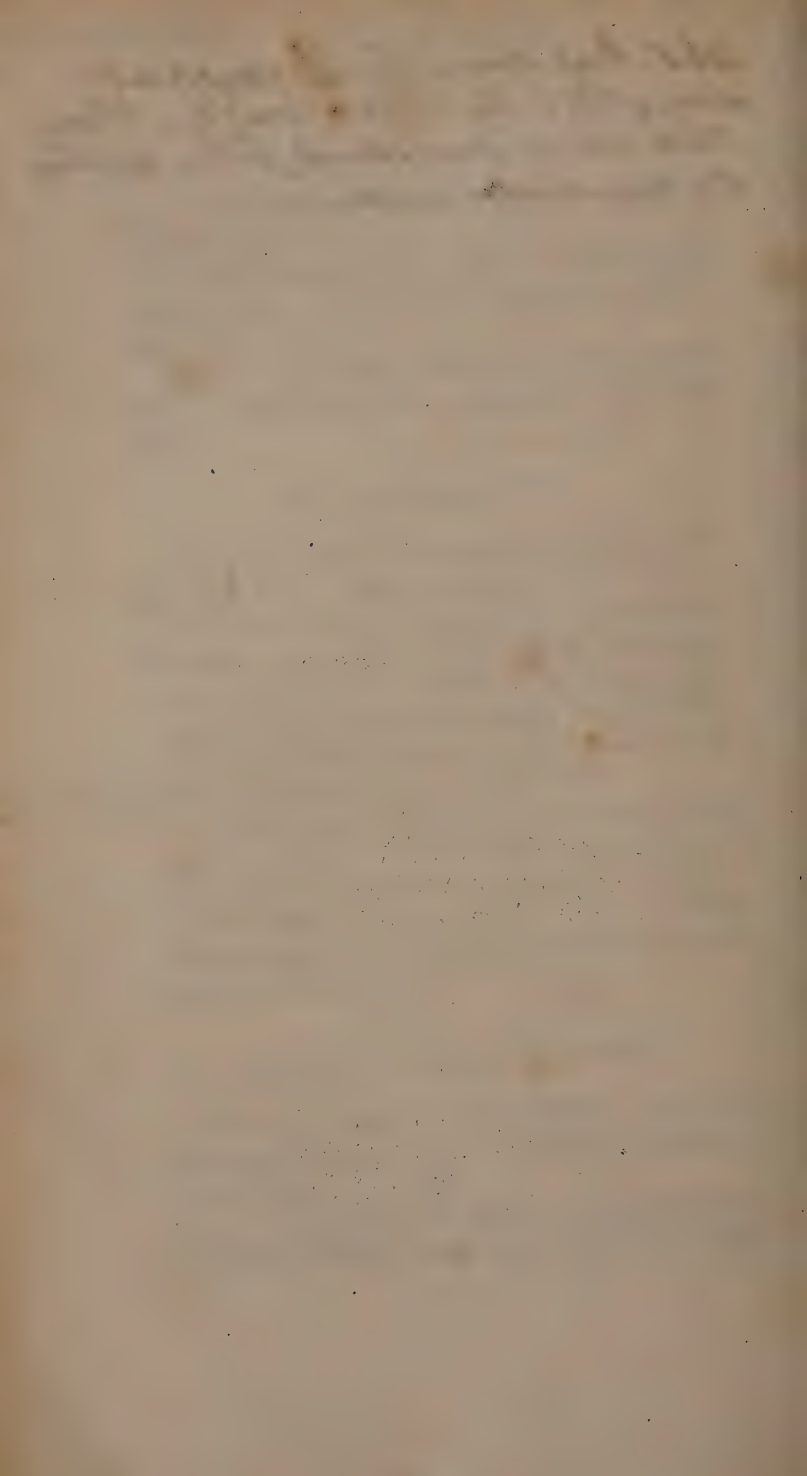
469. This disease so slight in general, as not to require medical treatment; and only demanding particular attention from its resemblance to Small Pox, whereby it has often misled into a false security, from the belief of a person having had that disorder in a mild form, either casually, or by inoculation.

OF THE VACCIOLA, OR COW-POCK.

470. **SYN.** *Cow-pock*, Gloucestershire ;—*Pap-pock*, Norfolk ;—*Shinagh*, Ireland :—*Kine-pock*, America ;—*Vaccine disease* :—*Vacciola*.

471. **CHARACTER** ;—A specific, febrile (?) disease, —occurring but once during life,—communicable with

465. Keep down fever & support
strength. Ag. Rosa locally; then
Rice oil - moistened linen applied
to the swollen eyes -



473. Variolous is less rapid than
Vaccinious Action -
Vaccinious more far test

The "proposed test" is by a second
puncture in the opposite arm
made before the inflammation
of the first - if this second inflames,
the constitution is supposed
unaffected =

certainly only by inoculation with the peculiar *lymph*, which produces a single, flattish, circular, spongy pustule, of a pale bluish-white colour,—gradually spreading for some days, and becoming surrounded with a red areola;—the centre first, and progressively the whole pustule, changing to a dark coloured hard eschar; that dries into a *concave* shining scab, and on falling off leaves a slight mark upon the skin.

472. Historical account of the disease;—and Dr. Jenner's claim to the invaluable discovery of its being *A certain, easy, and universally practicable preventative of Small Pox*, vindicated.—Question respecting the original source of Vacciola, being *equine* or *vaccine*, discussed;—and the improbability of the former opinion shewn, both from analogy, and the result of numerous experiments.

473. Comparison of Small Pox with Vacciola, in the severity of the two diseases,—and the consequences resulting from them, as introducing new or bringing forth latent disorders.—Comparative rapidity of progress in the action of variolous and vacciolous virus; and practical deduction from thence.—Possibility of accidental commixture in the infection, or casual concurrence of the two diseases, illustrated by cases; and explaining the discordant opinions at first entertained respecting the phenomena proper to Vacciola.—Remarks on the *Spurious Pustule*,—its character,—the mode in which it is produced,—and the mischief which may eventually ensue from it.—Source of the doubts as to the future security against Small Pox by vaccination; and circumstances which, if duly adverted to, will tend to resolve this difficulty.—Proposed test of constitutional affection.

474. Cautions necessary to ensure the success of ino-

culatation, with respect to—the date and condition of the pustule from which the matter is taken,—the mode of preserving the infection,—the state of the patient's health,—the method of inserting the matter, &c.

475. Account of the appearances which the inoculated part occasionally assumes,—the alarm which these at first created, and the active steps taken in consequence;—together with the simple treatment alone required for their removal.

OF ERYSIPELAS.

476. SYN. *Εγυθημα*, Hipp.—*Ignis sacer*;—*St. Anthony's Fire*;—*the Rose*;—*Shingles*.

477. CHARACTER:—A shining redness of the skin,
 2. of a florid, yellowish, or crimson hue,—becoming white
 3. on pressure, but returning immediately after;—attended
 4. with burning pain;—extending or changing place irregularly, and often occupying a large surface;—commonly going into numerous watery pimples or vesicles, which oftenest terminate in resolution and meally desquamation, occasionally in suppuration, and not unfrequently in gangrene. The attack is usually preceded, accompanied, or followed, by Synochus pyrexia, and this commonly attended with drowsiness, and frequently with stupor, and low delirium. (*Typhomania*.)

478. Erysipelas differently denominated by authors, as affecting particular parts, e. gr. the face and head, *Sideratio*,—the trunk of the body, *Ζωστήρ*, *Zona*, *Shingles*;—the extremities, *Rosa*, (SENNERT).—It occasionally extends to, or attacks, the brain, fauces, oesophagus, or intestines,—producing symptoms of phrenitis, coma, &c.—or of angina (*A. erysipelacea*),—of gas-

Inflammation before the 3rd day is suspicious - if it supervenes on the 6th day, or at a much later period, it is proportionally more rare.

Dimsdale knew the Small Pox remain latent for 16 or 18 or 19 days.

The patient's health should be good.
The matter transparent not purulent.
Taken before the red disk appears.

It should be kept from the air & from heat: between two glasses, one a little hollowed.

475. A Dark colored scab requires only a little oil or rosewater, or moistened linen.
Erysipelas in some cases has been induced, succeeded by gangrene & death.
Eruptions can not be attributed to the peculiar vaccine Inflammⁿ.

The small Pox inoculated a second time produces a local affection, but true variolous matter.

477. The brighter the hue, the more favorable.

2. is a proof of the superficial nature of the action -
3. Generally much tumor & typhomania.
4. This is mostly pustular.

478. Zona is usually pustular.

The faces seem charged with Venous blood?
Is the brain primarily or secondarily affected? It is probable primarily, as rigor precedes the disease -

Shingles are the least formidable
shape of the disease -

Anthrax is the most fatal -

Distinguished by tumor, deep
red ness, ulceration & frequently
death.

Is any species of the disease
entirely local; even that produ-
ced by wounds?

zona legs formed -
anthrax most - turn or cap
set - also frag. by later -
is any species entirely
local? even, vuln. wilds?
481. C. Parker. P. M. M.
m. 220 - here C. puffy -

481. Crysiptelas is darker.
Phlegmon seldom on the head -
Crysiptelas on this part is puffy.

tritis (*G. erythematica*—) or of Enteritis (*E. erythematica*—).

479. Distinguished also as being—A. acute, or—B. chronic ;—C. superficial and spreading (*Erys. phlyctenodes*, Cul.), or—D. more deep seated and fixed (*E. phlegmonodes*, Cul.—*Anthrax?*) ;—as—E. primary, or—F. symptomatic ;—as G. merely topical, or—H. attended with its peculiar fever, (*Febris erysipelatosa*,—Sydenh.) or—I. supervening upon fever of any other kind.

480. Account of an Epidemic Erysipelas attacking the abdomen of new-born children.

481. ESSENTIAL CHARACTER OF ERYSIPELA-TOUS INFLAMMATION, contrasted with that of the simply Phlegmonous, in—its appearance,—the parts it attacks,—its migratory progress,—metastatic tendency,—and most frequent terminations.—Occasional mixture of the two (C.—D. 479) ;—and important distinction of Erysipelas, as partaking *more or less* of the *atonic* form, and as being attended by, or free from, a corresponding pyrexia.

482. Humoral pathology of the disease discussed ; and inquiry how far the inflammation may arise from a combination of certain principles, analagous to the process of combustion.

483. PREDISPOSING CAUSES ; — Peculiarity of constitution or habit,—depending chiefly, perhaps, on certain original structure or acquired condition of skin ;—but often evidently associated with irritability both of body and mind,—with gross habit,—indolence,—and full living,—advanced age,—and habitual excess in spiritous liquors ; with particular state of the hepatic function :—

Autumnal and Summer season.—Hydropic diathesis.—
 Preceding attacks of the same disease.

484. EXCITING CAUSES.—Insolation, or exposure to the scorching rays of the sun, especially under violent exercise;—occasional excess in spiritous or acescent fermented liquors;—certain articles of food and drink particularly affecting individuals:—Mercurial irritation;—various acrid applications, e. gr. Cantharides, Mustard, Ammonia, Euphorbium, &c.—stings or bites of venomous insects;—puncture of leech in some persons;—burns, and scalds;—contused or lacerated wounds, especially in tendinous, ligamentous, and membranous parts;—fits of anger?—sudden refrigeration when overheated;—stopping customary discharges from issues, &c. or repressing chronic eruptions:—Epidemic influence of atmosphere:—peculiar contagion?—Remarks on these.

485. DIAGNOSIS.—Circumstances distinguishing Erysipelas from other cutaneous inflammations.

486. PROGNOSIS.—To be drawn from a collective view of the patient's age, previous health, and mode of living, &c.—the nature and degree of the exciting cause;—the part affected;—the disease being merely topical, or—accompanied with inflammatory or typhoid fever, delirium, coma, &c.—its tendency to metastasis,—and its common disposition to gangrene.

487. TREATMENT necessarily varies in several respects according to the circumstances of the case; but chiefly turns upon the *more* or *less* atonic type of the disease, both locally and generally. The principal indications then are

A. *To lessen Inflammatory Action*, whether local or universal, by the antiphlogistic plan, carried as far as the

The first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the

the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the

the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the

the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the

the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the
the first of these is the fact that the

as the disease is mostly atonic V. S.
is improper unless where there is
so great fullness of vessels as to di-
-minish the power of carrying on the
Circulation.

The purges stimulating; as Calhartie
Ex-t. Saline purges exhaust the
powers of the System - (I believe this
position true and important - and that their
administration shd be confined to plethoric or acutely
inflammatory cases. H. of whatever disease)
Inchona in the effervescing mixt. time;
Carbonas Soda, see Potassa Efferves.

In cerebral Affections Act: Other:
^{capital} & ag. as adition then? To his pers.

Opiates united with Diaphoretics -
Opium will even relieve the stupor
especially if this be periodical &
they be given an hour previous to
the attack.

Goulard is apt to induce gangrene?
Vpt. Vinu refrigerates too much -
Carbonic Acid Gas needs a trial -

As. g. M. M. Tonics -

violence of the symptoms, and the strength of the patient may require, and as the acknowledged atonic character of the disease in general will safely admit;—by Venesection?—leeches;—purging;—what cathartics most proper;—by Nitre?—cooling diluents;—mild diaphoretics.

B. *To support Power*, and thereby to prevent any rapid sinking or sudden metastasis from taking place, and to obviate their effects when they have occurred;—by Cinchona or other tonic bitters, either alone or joined with acids or alkalies;—by wine;—by the occasional use of certain purgatives;—by blisters,—stimulant fomentations,—warm diaphoretics, e. gr. Ammonia, Serpentaria, Confect. Opii, &c.—Cautions respecting Opiates under certain circumstances.

C. *To diminish local Irritation* by applications to the inflamed part.—Remarks on the different and dissimilar articles recommended for this purpose; and on the circumstances to which they may be respectively adapted:—Liq. Plumbi Acetatis dilut.—Spt. Vini;—simple water;—Aq. Mephitica alcalina?—Liniment. Calcis;—Why oily or greasy applications in general aggravate the inflammation:—Simple dry warmth:—Pipe clay:—Starch, &c. *these 2. improper.*

488. Remarks on the different treatment necessary according to the age,—constitution,—and habit of the patient;—as occurring in country places, or in large manufacturing towns;—in different seasons;—and as being sporadic,—or epidemic.

489. Is PEMPHIGUS allied to Erysipelas?—Circumstances in which they agree;—others in which they differ.—General conclusion; with some particulars respecting Pemphigus not noticed by writers.

SCARLATINA ANGINOSA,
OR SCARLET FEVER, WITH SORE THROAT.

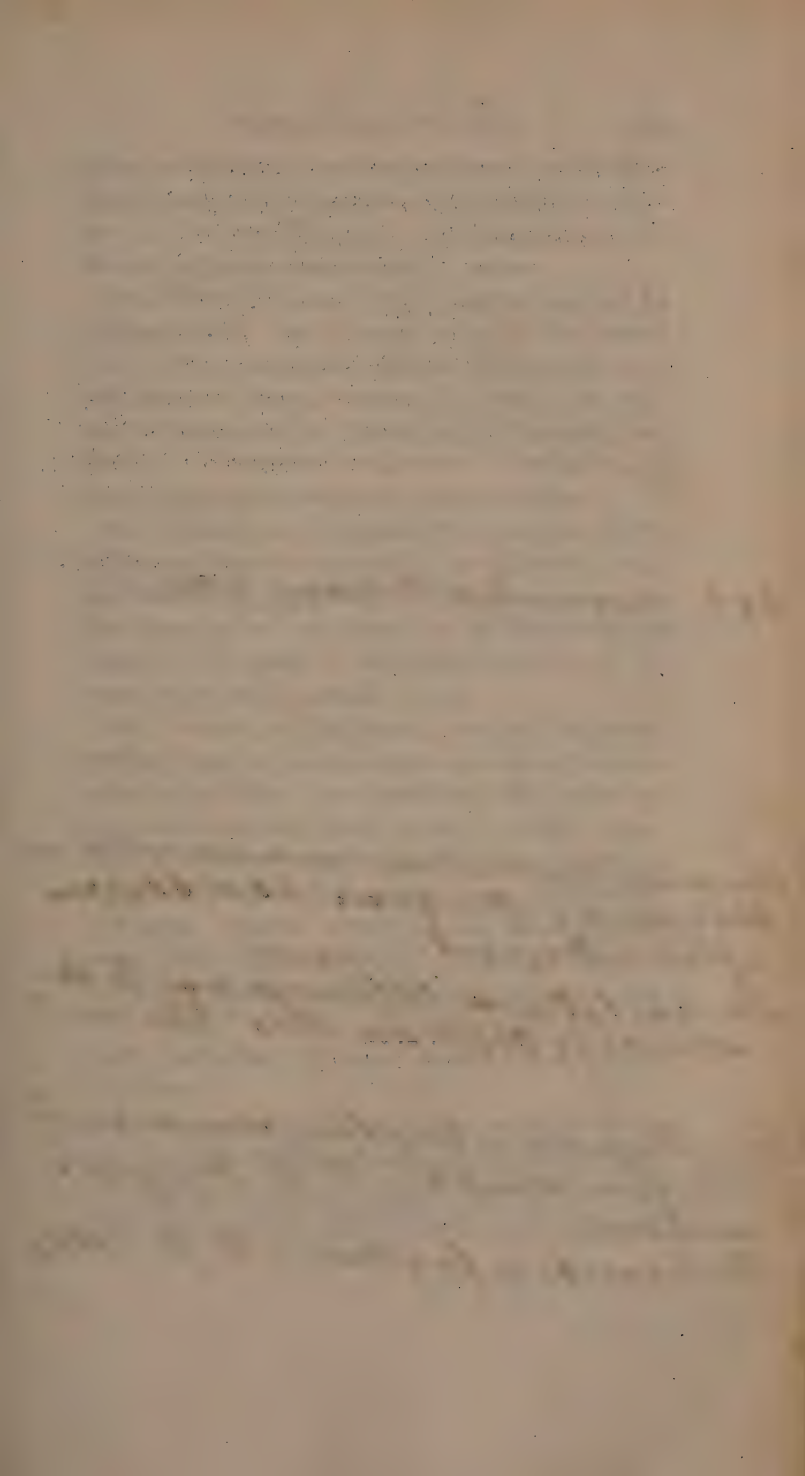
490. GENERAL CHARACTER.—A specifically contagious, and generally epidemic disease, occurring but once during life;—commonly attacking between ab lactation and puberty;—beginning with sudden prostration of strength, lassitude, and frequent chills, followed by continued, intense, and pungent heat of skin,—very quick small pulse,—sometimes vomiting,—generally head ach,—great restlessness, anxiety, and tendency to, or actual delirium;—the eyes are humid and red,—the countenance flushed, and face swelled, especially about the nostrils, lips, and lower jaw,—with painful stiffness and fulness extending round the throat and neck:—the breath is unusually hot;—the respiration frequent, often difficult;—the voice guttural, and deglutition painful:—the internal fauces on examination appear very red, tumefied, and covered with whitish or ash-coloured sloughs, which occasionally degenerate into deep gangrenous ulcers, with discharge of fetid and corrosive ichor or sanies from the nose and mouth, accompanied with enlargement and frequent suppuration of the parotid and submaxillary glands,—otorrhoea, and temporary, or permanent deafness. Between the second and fourth day inclusively, the skin becomes more or less uniformly covered with a bright scarlet efflorescence, scarcely eminent,—changing after a few days to a dusky brown colour, with subsequent desquamation of the cuticle.—The patient, when convalescent, often suddenly attacked with dropsical swellings.

491. Variations in the state of the skin, tongue, urine, and bowels, in the different stages or forms of the

Apparition in Symptano, men. Crano
- & Crano de -

+ not a distinct eruption, altho' roughness
of skin may cause such an appearance.

Simple Anasarca is not very fatal.



493. Oxygenated Nitrous Gas.

The small Pox has been communicated at
the opening of a Grave 20 or 30 years
after interment.

The Scarlatinae Vapor
may be de-
stroyed by Diffusion thro' the air?

475. Purpura is fugitive, sine angina.
The fever simple - M. M. purges &
emetes.
Urticaria is fugitive. M. M. Salts

disease.—Particular symptoms occasionally taking place in individuals, from idiosyncrasy, or accidental co-operation of other morbid causes;—and unnecessary multiplication of species thence made by authors.

492. Historical sketch of the disease as described by eminent writers, from an early period to the present time; with its variations at different times, and the probable causes of these;—tending to reconcile the dissimilar accounts given of it, particularly by Sydenham and Morton, and determine the identity of *Scarlatina simplex*, *Scarlatina anginosa*, and *Angina maligna*.

493. Question of its specifically contagious nature, and its occurrence but once during life discussed;—with the sentiments of Drs. Clarke, Withering, Currie, &c. upon these points; and importance of this question in respect to the hazard of individual exposure, and the measures required for general security.

494. CAUSES.—*Predisposing*; a susceptibility to the peculiar contagion, which perhaps most adults possess in greater or less degree, but diminishing rapidly after puberty, and becoming nearly extinct in middle age.—Marks of constitution and habit which seem to dispose to aggravated degrees or particular forms of the disease.—Seasons, epidemic influences, and other extrinsic causes, giving similar tendency.—*Exciting cause*;—the Specific Contagion generated during the febrile state of the disease. Mode in which this has been supposed to act; and efficacy of certain means of cure deduced from thence.

495. DIAGNOSIS. Symptoms distinguishing the varieties of *Scarlatina* from Measles,—from the Purpura,—Erysipelas,—Urticaria,—Apthous Angina, &c.

496. PROGNOSIS.—To be drawn, on the one hand,

from the *violence of the febrile commotion*,—on the other, from *the degree of the Anginous affection*,—and on both, from the general *tonic or atonic* form which the disease puts on;—but this greatly assisted by a consideration of the patient's age, constitution, and habit of body;—together with the general event of the reigning epidemic,—the period of the disorder,—and the effect of the treatment already employed:—and lastly, the chance of other diseases to which it frequently gives rise.

497. TREATMENT. Account of the opposite extremes inculcated from preconceived theory, and obstinately pursued by their respective abettors; and comparison of their usual results, with that of the varied plan adapted to the nature, duration, and general tendency of the disease, and the predominant type it assumes in the individual case; illustrated by proofs, shewing the mischief of confidence in reputed specifics.

498. The leading indications are, A. To moderate the general febrile commotion with as little loss of *power* as may be, by—(a.) removing irritation from any morbid colluvies in the tract of the alimentary canal;—by Emetics,—Purgatives: remarks on the *kinds* of each most proper,—their common and individual *modus operandi*,—and the circumstances limiting or precluding their use:—(b.) abstracting any excess of heat, whether arising from pyrexia, or external temperature:—Cold affusion,—cold ablution,—particularly articles that may be employed in the latter mode: regulation of bed-clothes, and of atmospheric temperature:—(c.) restoring the cuticular transpiration by remedies acting on the stomach,—by mild diaphoretics,—tepid diluents:—(d.) diminishing the morbid irritability of the heart and arte-

A sanious discharge from the Aphthæ;
An amber color flux discharged
from the Nares—

+ Aquâ mixcatâ Camphorâ seu Ace-
to seu Sale—
Lecum—
c. Antimon. Part. caute Cancelm.
Lacte & Aquâ.

498. Rhubarb: & Sal. Polychrest
(finely powdered) not however
given in such doses as to produce
watery stools.

Calomel to be given cautiously.

Pneumonic symptoms demand
leeches.

Digitalis grt & 5 lis? in die -

499. c. *Contragyna* & *Serpentaria*
with ether in cases of great
prostration.

In the West Indies the Angina
occurs without the Scalding -
is more fatal to the young Negroes
than even Variola. Has been
used there successfully an Infusion
of a tablespoonfull of *Capsicum*
in cups of Water or of Vinegar.
one or two table? spoonfulls several
times a day -

Carbonic Acid Gas - Orange
Wine -

500. - For the Vomiting, leeches, if possible, or blisters -

That delirium observed when the patient is swoaking, is not dangerous. M. M. Having the head & keeping it cool with a lotion of Vinegar & water with Ether.

The Diarrhoea to be checked by Opistes & Spica uantra -
Prostration of strength to be relieved by the Tepid bath.

501. Blisters never to be applied
over a swollen gland, but
rather leeches; one or two at
the base of the tumor.

Flanell or a light poultice.

Regim. p. 5. twice a day.

502. Early Emetics.

Nitrous Acid Gas, produced by
the addition of Sulfuric Acid
to Nitras Potassa.

Not Praxmuriatic Acid?

End. a Temp. in ... in
... ..

W. J. Aug.

very

middle

... ..

... ..

... ..

C. H. G.

... ..

... ..

... ..

... ..

... ..

ries to the stimulus of the blood,—by Digitalis,—Opiates?—or (e.) if necessary, lessening the stimulus of this fluid from its quantity, and perhaps quality,—by Venesection,—Leeches, &c.

499. B. In the more atonic and advanced stages of the disease, to support the *power* of the system, and to obviate the general septic tendency, or to correct the actually septic state of parts, by—(a.) light vegetable food,—diluted Vinous liquors:—(b.) the more simply tonic remedies;—Calumba, —Cusparia,—Cinchona? &c.—(c.) articles which operate chiefly by their general or local stimulus, and prevent the *action* from falling below the degree necessary to the maintenance of *power*;—Contrayerva,—Serpentaria,—Seneka,—Æther,—Capsicum,—Ammonia, &c.—(d.) articles that are chemically antiseptic;—Carbonic Acid Gas,—Infus. Rosæ, —Oxygenated Muriatic Acid, —Astringent Gargles.

500. C. Throughout the disease, to watch and relieve particular urgent symptoms,—as vomiting, —difficult respiration and deglutition,—delirium,—diarrhœa, &c.—by Tepid Bath or Fomentations,—Blisters,—Leeches,—Opiates, &c.

501. D. To guard against the diseases which are frequent sequels of Scarlatina.—Account of these diseases,—their respective frequency,—the circumstances under which they more especially take place,—and the means suited to their prevention.

502. Remarks on the measures proposed for limiting or destroying the Contagion, and their ascertained effects.

OF CHOLERA.

503. Origin and meaning of the term *χολερα*.—**SYN.** *Cholorrhagia?* or *Gall-flux?*—*Mordechin*. E. Ind.

504. **CHARACTER.**—Sudden and spontaneous attack of vomiting and purging of bilious fluid,—with severe pains in the stomach and bowels,—great anxiety,—prostration of strength,—and violent cramps in the muscles of the belly, and in the calves of the legs.

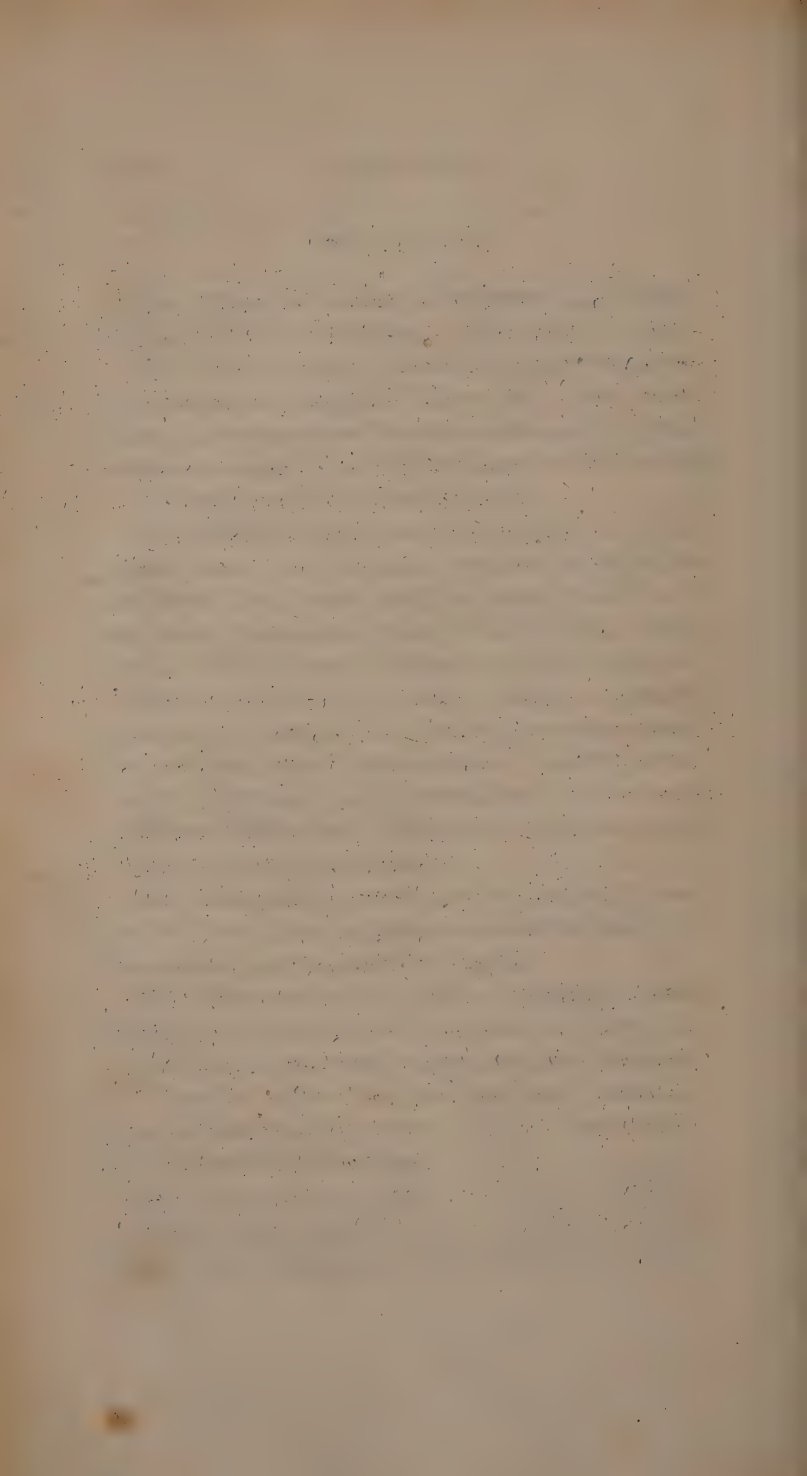
505. Detail of symptoms in the order in which they usually occur;—and occasional variations in the degree and form of the disease, and in its result, from the co-operation of assignable causes: Varieties—*Ch. Spontanea*,—*Ch. ab ingestis*.—Remarks on the ancient distinction into *Ch. humida*, et *sicca*.—Cholera frequently precedes Dysentery in hot climates,—or accompanies the first paroxysms of intermitting and remitting fevers.—*Ch. Febrilis*, — *Ch. Intermittens*. — Sometimes changes to Bilious fever (Hepatitis) or Enteritis; especially under certain management.

506. Circumstances which serve to distinguish idiopathic Cholera, from the porraceous vomiting and purging caused by certain poisonous ingesta.

507. **PREDISPOSING CAUSES**; peculiarity of constitution, generally termed *bilious*, and often marked by irritability of stomach and intestines, and irregular excretion from the liver.—Long continued hot weather;—autumnal season;—*phytoseptic* miasma:—certain epidemic influence of atmosphere.

508. **OCCASIONAL OR EXCITING CAUSES.** Sudden refrigeration after excessive heat;—drinking largely of acid, or fermenting liquors;—eating cold, sour, or unripe





1870

Received of the Treasurer of the
Board of Education the sum of \$100.00

for the purchase of books for the
School of the City of New York

Witness my hand and seal this 1st day of
January 1870

John A. Dix
Mayor of the City of New York

John A. Dix
Mayor of the City of New York

John A. Dix
Mayor of the City of New York

John A. Dix
Mayor of the City of New York

573. Friction with liniment of opium
& yolk of egg & oil. —
Infusum Calumbæ & Vinum Opii.
Infus. Calumb. 1/2 pint Opium

fruits,—raw vegetables,—or any food difficult of digestion.—Drastic emetics or purgatives.—Passions of the mind.—Retrocession of Eruptions, Gout, &c.

509. PROXIMATE CAUSE. Sudden and excessive secretion and excretion of acrid bile, exciting violent spasms in the stomach and intestines, and profuse serous discharge from their surface.

510. THE PROGNOSIS must be drawn from the previous state of health and vigour of the patient,—the degree and kind of the symptoms present,—the duration of the disease,—the nature of the remedies (if any) already used, and their effects.—Symptoms which portend danger;—those which augur a favourable event.—In hot climates, occasionally terminates in chronic diarrhoea, or dysenteric state.

511. TREATMENT. The indications are—1st, to evacuate the offending matter; and 2dly, to prevent the strength being exhausted by the violence of the pain, or the profuseness of the discharge.—Circumstances under which the first may be attempted directly; others in which the second becomes necessary to obtaining the first with safety and effect.

512. Means suited to the first indication;—plentiful dilution with bland mucilaginous fluids: kinds of these usually employed, and choice of them under certain circumstances.—Sometimes mild laxatives: cautions respecting the *kind*, and repetition of these.

513. Means adapted to the second indication:—Opiates in quantity and frequency proportioned to the urgency of the case;—rules for their choice and mode of administration:—warm bath;—fomentations;—pediluvium.—Stimulant and anodyne liniments and embrocations.—Simple bitters and aromatics.—*Infus. panis*

tosti:—ancient polenta.—Aq. meph. alcalina:—other alkaline remedies.—Haust. effervescens,—&c.—Nutritive food in small quantities.

514. Management necessary when the violence of the disease is allayed, to avoid its renewal, and prevent fever or inflammation from supervening: symptoms denoting the approach of these respectively.

515. Treatment proper during convalescence,—to prevent insidious disease from establishing itself in other shapes (510)—Probable means of avoiding future attacks of Cholera.

516. Description of the violent and destructive *Tetanic* form which this disease assumes in the East Indies; with remarks on the treatment most likely to lessen its general fatality.

OF DIARRHŒA.

517. Origin and meaning of the term.—SYNONYMA. *Alvi-fluxus*;—*Lienteria*;—*Cæliuca*;—*Enterrhœa*?—*Purging*, *Looseness*.

518. CH. OF IDIOPATHIC DIARRHŒA;—Unusually frequent, liquid and rather copious stools, generally more or less fœculent;—without, vomiting, violent pain, or primary fever;—and not depending on weakness of the sphincter ani.

519. Strictures on the nosological place assigned to it by Dr. Cullen.

520. Diarrhœa not only varies considerably as an idiopathic disease, but is a common or accidental attendant upon many disorders both acute and chronic, general and local. Hence the necessity of minutely investigating its rise, progress, duration or recurrence,—pre-

Supercharged Soda Water.

Soda Water, Sugar, & Orange Juice.

The Polenta was an infusion of
Roasted Barley =

516. Vidi 3 nostra homines in E. J. qui
omnes morbum hunc passi sunt, duo
plagiam semel, et qui morbum galli.
cum quoque in regione eadem con-
trahentes, agrippine ab hydrargyro
affecti sunt. Unde hac coincidentia?
H.

23

Q. Mucosa arises mostly from Adca-
rides; or the long use of purga-
tives.

ceding and accompanying symptoms,—and assigned or probable causes,—in order to determine its nature, or direct its treatment.—Circumstances distinguishing Diarrhœa from Dysentery, and from Cholera:—alliance between these, and mutual conversion of them, shewn.

521. Variety in the colour, &c. of the matters evacuated, giving not only particular denominations to certain forms of the disease, but also affording important instruction as to their especial seat and cause:—viz. their being stercoraceous (*D. crapulosa*);—containing undigested food (*Lienteria*);—being chalky;—yeasty:—inky (*Melæna*);—yellow (*D. biliosa*);—green, curdly (*D. infantum*)—glairy (*D. mucosa*);—milky (*Cæliaca*);—serous (*D. colliquativa*);—bloody (*D. sanguinolenta*, —*Hepatirrhœa* ?);—puriform (*D. purulenta*):—or, their being fetid,—acid—or nearly inodorous, &c.—being copious or scanty;—occurring chiefly in the day, or in the night;—soon after taking food,—or at any regular or more distant interval.

522. PREDISPOSING CAUSE. Original or acquired irritability of, or tendency to increased secretion from, the surface of the intestines.

523. EXCITING CAUSES. Cold applied, especially to the lower extremities.—Fear,—Anger,—and some other mental affections.—Diminished or suppressed perspiration.—Crude or sour fruits,—vegetable acids,—or fermenting acescent liquors.—Particular articles of food in individuals, though inoffensive to others.—Sudden change from animal to vegetable food,—and the reverse.—Change in the water, &c. used.—Hypercatharsis from drastic purgatives, or from acrid matters swallowed.—Certain contagions.—Spontaneous Recession, or artificial Suppression of cutaneous Eruptions,

or stopping profuse or habitual discharges from sores, &c.—Metastasis of external inflammation.—Irregular, but oftenest defective state of the Hepatic functions (527).

524. Enumeration of diseases in which diarrhœa is a common and prominent symptom,—and in which it sometimes proves critical and salutary,—but often so much the contrary as to demand special attention, e. gr. Fevers,—Dentition,—Worms,—Phthisis, &c.

525. PROGNOSIS,—to be drawn from a consideration of the patient's age,—constitution,—and previous state of health;—the assignable causes of the disease;—its duration,—attending symptoms,—and effects,—with the remedies already employed, and their operation.

526. TREATMENT. This necessarily very different, from the various nature of the disease; and often can be only palliative; but if the discharge be not salutary, and therefore demanding encouragement or regulation,—the leading indications will be—

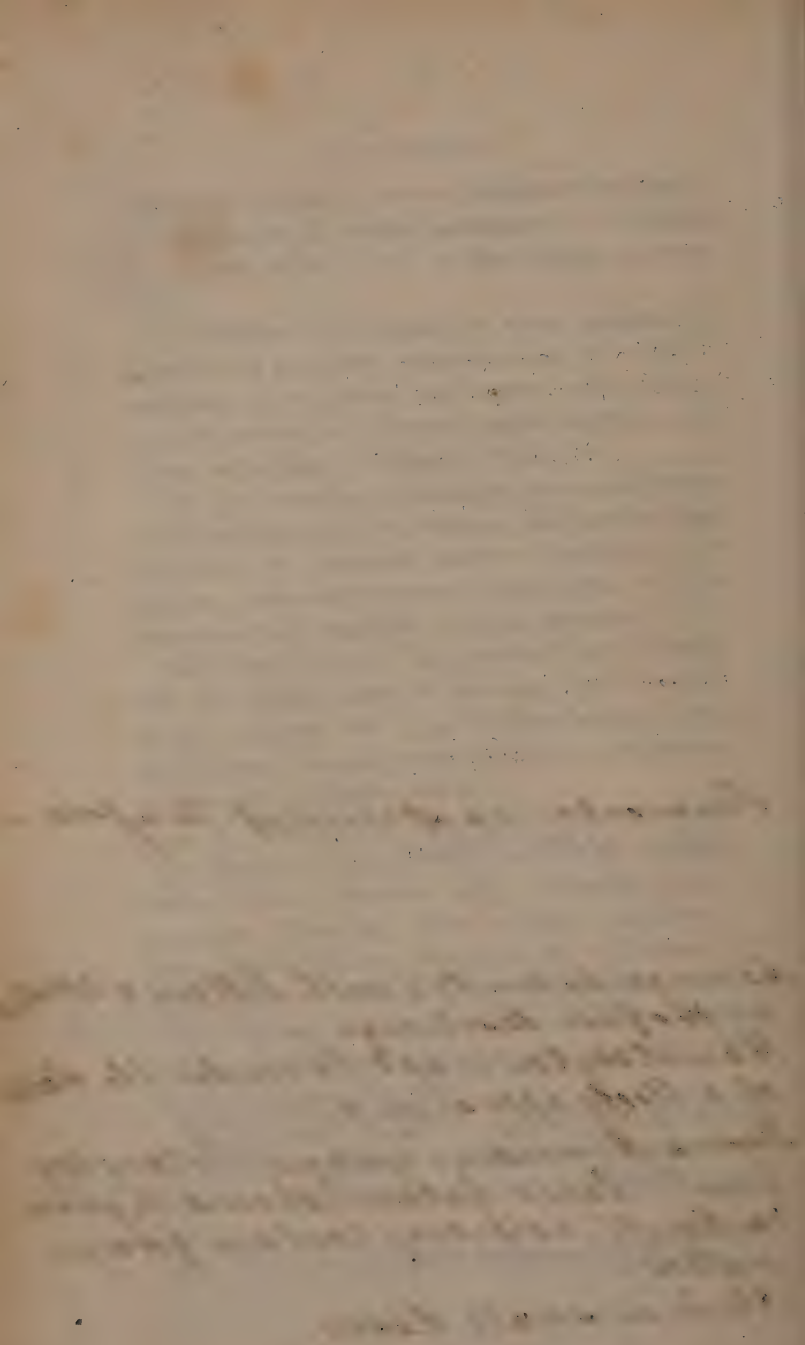
A. To allay morbid irritability of the intestines;—by Opiates.—Tonic bitters, as Calomba,—Samarouba,—Lichen Islandicus, &c.—Astringents, as Hæmatoxylon,—Catechu,—Kino,—Resina Acoroidis,—Infus. Glandis Quercus torrefactæ, &c.—Calamine,—Sulphas Zinci.—Alumen, Acetas Plumbi? &c.—Cautions respecting astringents.—Choice of these several articles, as respectively adapted to particular cases; and modes of administering them.

B. To expel or correct any preternatural stimulus applied to them;—by Emetics,—Purgatives,—Glysters;—Mucilaginous diluents;—Alkalies,—Antiseptics.

C. Where, as generally happens, the causes A

Simarouba is a species of *Quassia* -
m. *Guajuba* -

Astringents united with bitters & Opiates
in profuse discharge - *Peper*
Hamamelis is apt to render the stools
of a bloody appearance - *Hamamelis*
Resina Acroedis - "yellow Potang bay
Gum" - *Lapis Calami*? should be given
cautiously, as it may contain foreign
matters - *Alumina* small doses -



Handwritten text at the top of the page, possibly a title or header, in a cursive script. It appears to be in a South Asian language, possibly Urdu or Persian, and is written in dark ink on aged paper.

Main body of handwritten text, consisting of several lines of cursive script. The text is dense and fills most of the page. There are some faint, illegible markings and what might be a small illustration or a very faded drawing in the middle of the text block.

Lower section of handwritten text, continuing the cursive script. It appears to be a continuation of the main body of text, with some lines that are more clearly legible than others due to fading or ink quality.

Final lines of handwritten text at the bottom of the page, possibly a signature or a concluding statement. The script is consistent with the rest of the document.

"Where as generally happens the causes
are combined, so must the remedies
A & B &c " Annon hoc legend.?

and B are combined, so must the remedies be either jointly or alternately employed; whilst due attention is paid to any derangement in those organs which directly or sympathetically affect the intestines,—as the Stomach, Skin, and Liver.—Aq. Calcis cum Lacte.—Prep. of Chalk, Testaceous Powders,—Boles.—Haust. Oleosus cum Tinct. Rhei.—Pulv. Rhei. cum Soda.—Dec. Ulmi.—Determining to the skin by Diaphoretics,—tepid bath,—warm clothing,—friction,—gestation.—Restoring suppressed discharges, or establishing equivalent ones:—reversing inflammatory metastasis.—Suitable diet.

527. Necessity of a due performance of the Hepatic function, to the healthy state of the intestines, illustrated by cases;—and successful treatment of apparently idiopathic diarrhoea, both recent and chronic, upon that principle.

OF DYSENTERY.

528. Origin and meaning of the name.

529. CHARACTER. Violent griping, tenesmus, and straining at stool, attended with frequent, scanty, and mucous or bloody discharges from the intestines, while the proper feculent matter is for the most part retained:—generally accompanied by pyrexia, either primary or secondary, and frequently contagious.

530. Detail of symptoms attending the rise and progress of the disease; and variety in the state of the pulse, skin, tongue, &c. accordingly as it is—sporadic or epidemic,—as without or with pyrexia,—as simple, or as preceded by Cholera,—or combined with Intermitting, Remitting, or Typhoid fever,—with Hepatitis, —Enteritis, &c.

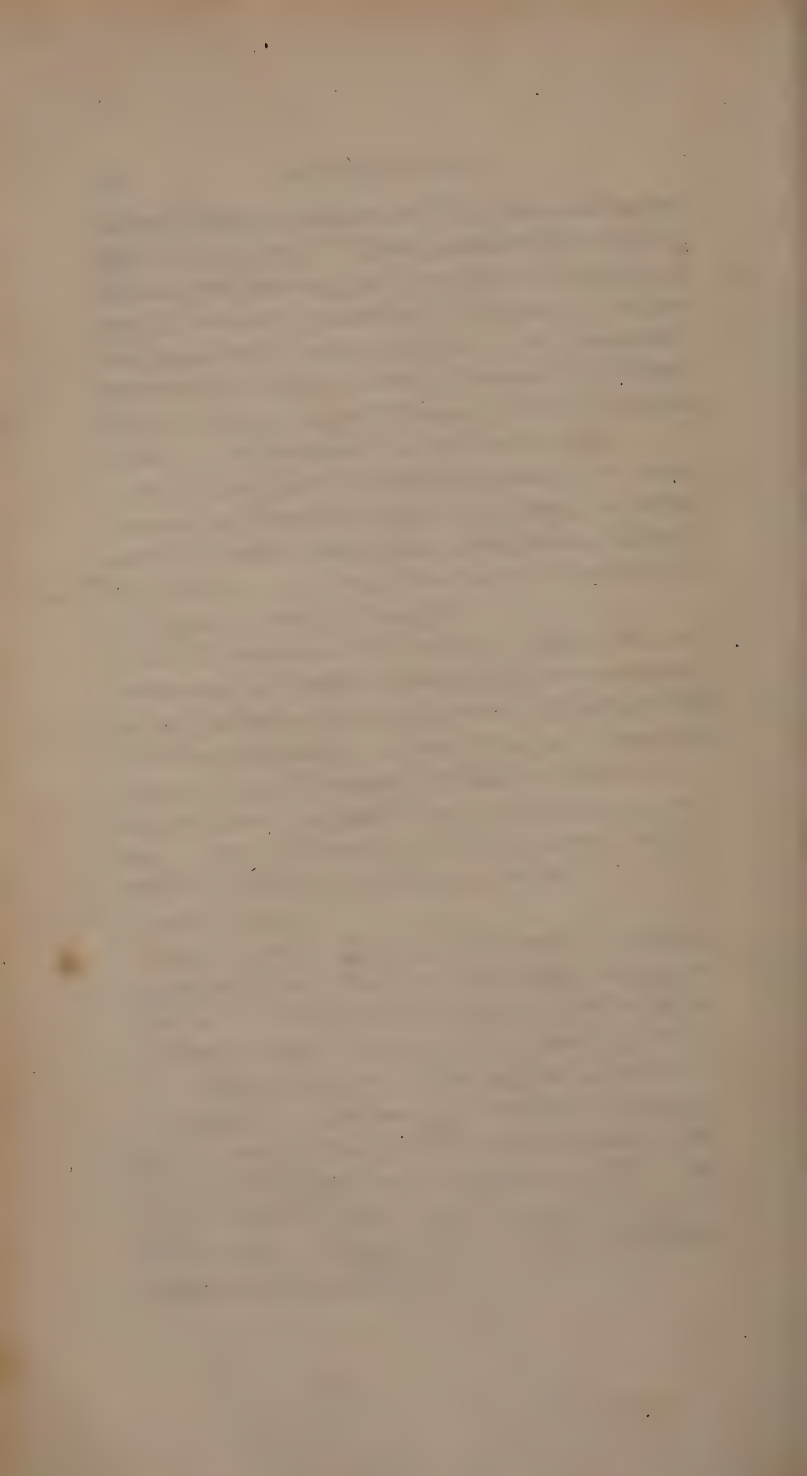
531. Examination of its alledged identity with Rheu-

matism (*Rheuma intestinorum*. Coel. Aur.) and its contagion being that of Typhus accidentally conjoined. Refutation of this idea, and proof that its contagion is specific.—Striking examples of Dysenteric contagion being generated *de novo*.—Account of the animalcular hypothesis of Linnæus.—Analogy between the different forms of Catarrh and of Dysentery respectively; illustrated by a comparison of the symptoms in each.

532. Variety in the morbid appearances of the intestines and neighbouring organs after death; and explanation of several phenomena of the disease, deduced from thence; as well as collateral support thereby given to a particular mode of treatment.

533. PREDISPOSING CAUSES. A particular, and perhaps original morbid tendency of the intestinal canal, probably analagous to that in diarrhœa (522), but modified by the exciting causes, whether Contagion, or common agents.—A morbid state of the hepatic system, however induced; often *merely functional*, but sometimes *organic* also.—Poor farinaceous,—or salted animal food.—Scorbutic diathesis.—Epidemic constitution of air.—Autumnal season.

534. EXCITING CAUSES. The peculiar Contagion, sometimes generated *de novo*, but oftener propagated from one to another by those labouring under the disease;—different modes in which this has been supposed to act.—Sudden alternation of heat and cold, especially if accompanied by dampness.—Accumulation of human effluvia under certain concurring circumstances.—Sulphurated Hydrogen Gas.—Sulphureous Acid Gas?—Crude austere fruits, &c.—Worms.—Drying up of extensive ulcers;—Suppression of chronic erysipelatous, herpetic, or other eruptions.



535. PROXIMATE CAUSE. Inflammatory state of the mucous membrane lining the great intestines, with constriction of their muscular fibres.—Difference of the pain, in *acute* and *chronic* stage.

536. DIAGNOSIS. Marks distinguishing Dysentery from Diarrhœa, — from erythematic Enteritis, — from Colic, — from Cholera, — and from Hæmorrhoids.

537. PROGNOSIS, to be founded on—the age,—constitution, and previous health of the patient;—the number and degree of the symptoms,—their duration and consequences;—the general tendency of the epidemic:—the remedies already employed, and their effects.—*Favourable symptoms*; diminution of pain and of calls to stool;—reduced frequency and hardness of pulse;—equable moderate warmth, and gentle diaphoresis;—scabby eruptions about the mouth:—miliary or other eruptions;—increased consistency, and fœculent appearance of the alvine discharge.—*Bad symptoms*; violent fever with delirium,—or cold vicid sweats, with great prostration;—tension and tenderness of the abdomen;—worms coming away spontaneously;—aphthæ of the fauces;—singultus, &c.

538. THE TREATMENT will require to be varied considerably, according to the circumstances mentioned in par. 530;—but chiefly as the disease is *acute* or *chronic*.

In the early stage and more *acute form*, the principal indications are,

A. To lessen inflammatory action, whether general or topical;—by venesection?—leeches;—cupping;—blisters.—Consideration of the circumstances under which these are respectively proper.

B. To remove the irritation given to the primæ viæ from the remains of alimentary matters lodged there

or from their own diseased secretions ;—by—(a.) Emetics,—(b.) Purgatives,—(c.) bland mucilaginous diluents. —Choice of individual articles best suited to each of these purposes in certain cases.

C. To take off the excessive sensibility of the intestines, and thereby allay pain, and relax spasmodic constriction ;—by Opiates, assisted by the warm bath, fomentations, and embrocations. — Common objection against the early use of Opiates, examined,—and shewn to depend upon trusting to them alone.—Rules for their employment, in alternation or conjunction with other remedies.

D. To restore a due balance between the functions in general ;—by augmenting those that have been diminished, and correcting those that have been vitiated.—Application of this more especially to the cuticular and hepatic functions (533-4) ; and explanation thence of the benefit arising from the employment of Sudorifics, and also of simple bitters,—Antacids,—and Mercury,—illustrated by cases and authorities :—with directions for their choice and management.

539. Occasional variation necessary in the order and extent of these indications.—Particular treatment required where the dysentery is joined with Intermitting, Remitting, or Typhoid fever, &c. (530) ; and mischievous effects arising from the indiscriminate use of Astringents and Stimulants.

540. Remarks on particular remedies alledged to have a specific power ;—Ipecacuanha ;—Vitrum Antimonii ceratum ;—Mist. Sodæ Muriatis cum Succo Limonis, &c. &c.

541. Period at which Dysentery may be deemed CHRONIC.—Variety in the appearance of the stools, indicating the probable *degree* and *mode* in which the

a 6 Castor oil mixed with yolk of egg -

Opium conjoined with Calomel & Speca. acantha -

Carb. Magnes. is antacid & laxative.
Mercury in small doses every hour
till the mouth is affected, before the
chronic disease is produced - $\frac{1}{2}$ gr
Calom. Specac. gr; every hour.

intestines are disordered;—e. gr. simply mucous (*Dys. alba vel mucosa*), streaked or tinged with blood (*Dys. cruenta*)—ragged,—scyballous, &c.—Symptoms indicating disease in other of the abdominal viscera, functionally connected with the intestines, and requiring particular attention in the treatment of the ostensible complaint;—as the liver, stomach, &c.

542. IN THE CHRONIC DYSENTERY, with the exception of bloodletting, the *general* indications are the same as stated in the *acute* form, (A to D);—but differing in the less activity of the individual means employed, proportioned to the slower progress and more organic nature of the disease.

543. Remarks on certain articles suited to Indication B.—Ol. Ricini;—Ol. Olivæ cum Tinct. Rhab.—Pulv. Rhab. cum Soda.——Lac cum farina tritici et sevo ovillo;—Cera cum Sapone.—Demulcent glysters.

544. Articles adapted to indication C.—Opiate frictions and injections.—Extr. Hyoscyami, &c.

545. Explanation of the principles upon which the Mercurial treatment is to be conducted, grounded on long experience.—Observation on certain articles co-operating with Mercury, or proving occasional substitutes for it; and an account of the effects of ripe saccharine or subacid fruits in obstinate dysenteries.

546. Diet and regimen proper during the convalescent state, to prevent relapse, and guard against future attacks.

OF HÆMORRHAGE IN GENERAL.

547. Origin of the term.—Improper restriction of it by Sauvages and Vogel, to signify one particular discharge.

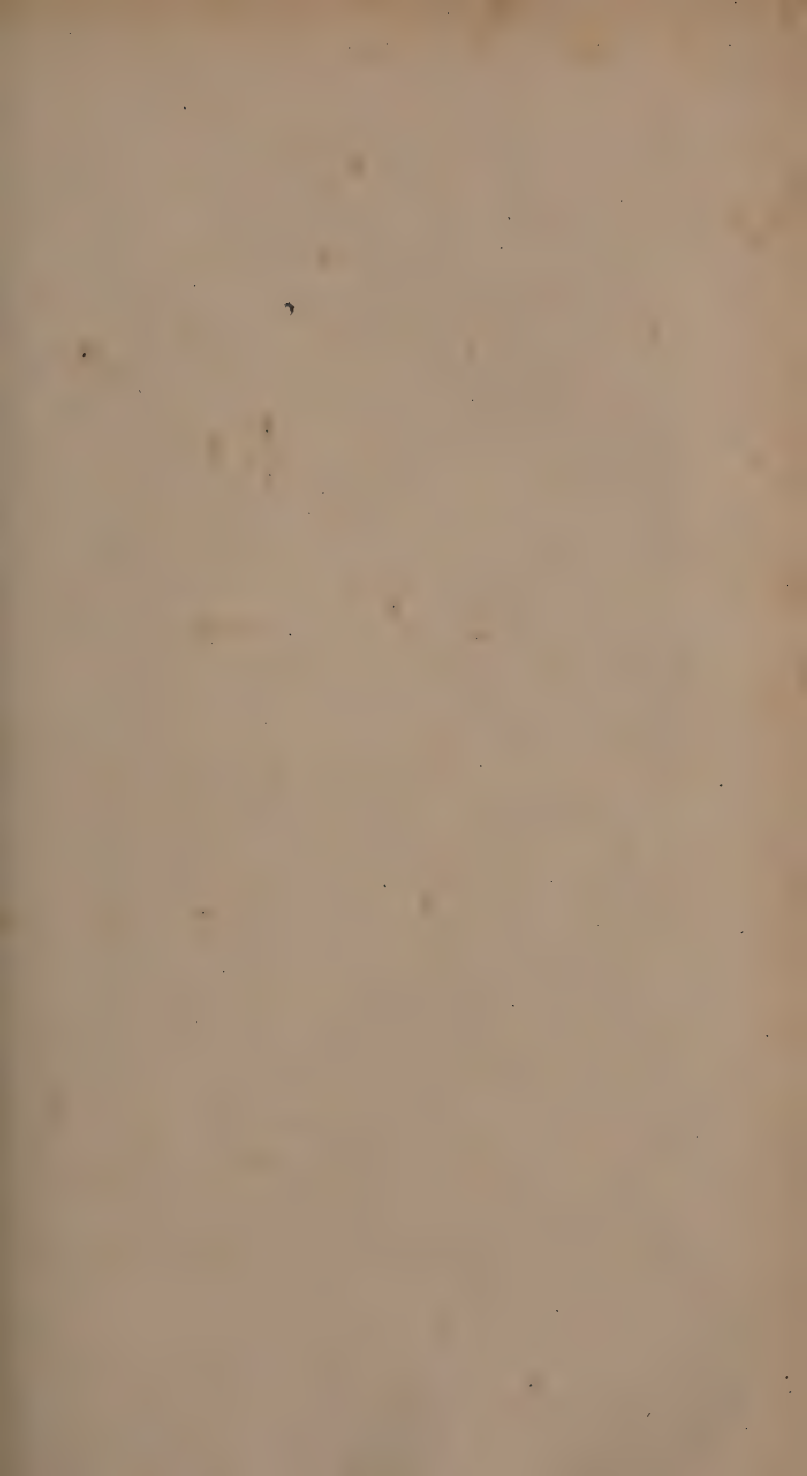
of blood.—SYN. *Sanguifluxus*, SAUV. *et* SAGAR.—*Anglicè* *Bleeding*.

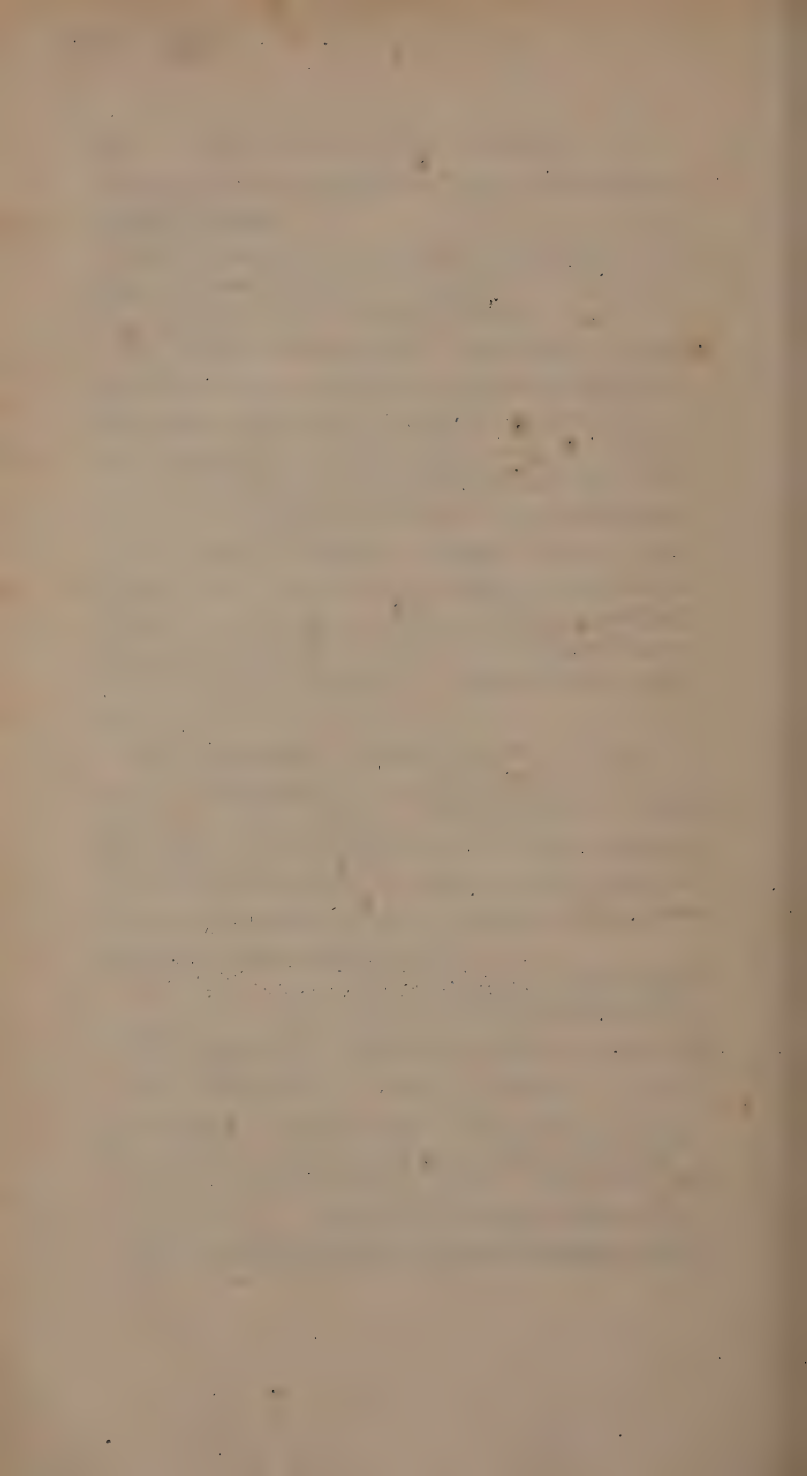
548. DEFINITION. An excessive, and generally preternatural flow of blood from any part of the body.—The universality of this definition shewn.

549. Division of spontaneous hæmorrhage into two principal forms, viz. the *Active*, or that accompanied by, and chiefly dependant upon, a general increase of force as well as frequency of arterial actions;—and the *Passive*, or that which happens without such general action, but merely from congestion, or from extreme weakness of vessels, with or without a dyscrasy in the blood. Remarks on the remote places assigned to these by Dr. Cullen in his Nosology; and on the definitions and very dissimilar names he gives them.—Terms, *Hæmorrhagia*, and *Hæmorrhæa* proposed to designate them respectively.

550. Comparative frequency of one or other form (549).—Distinction of hæmorrhages as being *critical* and *salutary*, or the *contrary*;—and the diseases in which the former more especially happen, as well as the parts from which they chiefly take place.—Division into *casual*, and *periodical*; with the periods that are most common, and the probable causes.

551. The genus usually denominated from the *source*; e. gr. from the nose *Epistaxis*;—from the lungs *Hæmoptyoe*;—from the stomach *Hæmatemesis*;—from the rectum *Hæmorrhœis*;—from the kidneys or bladder *Hæmaturia*;—from the uterus *Menorrhagia*;—&c. &c. Enumeration of compound names that would express both the *source*, and the *form* (549) of the disease, viz. —from the nose,—*active form*, RHINÆMORRHAGIA,—*passive*, RHINÆMORRHŒA; from the Lungs,—*active*,





HÆMOPTORRHAGIA,—*passive* HÆMOPTORRHŒA; —from the Uterus,—*active* MENORRHAGIA, *passive* MENORRHŒA; from the intestines,—*active* HÆMENTERRHAGIA, *passive* HÆMENTERRHŒA, &c.

552. Approach of *Active* hæmorrhage marked by sense of general heat and fulness, or by sudden flushings, sometimes alternating with chilliness;—but always accompanied by unusually frequent, generally throbbing, and sometimes hard pulse;—together with certain uneasy feeling, referred especially to the part from whence the blood is about to flow.—Where the vascular action arises from general hæmorrhagic commotion or effort, it subsides more or less as the bleeding proceeds;—if not, some other cause of pyrexial irritation may be suspected.

553. Account of Solano's observations on certain states of the pulse as indicating the period and degree of approaching hæmorrhage:—have been countenanced by a few persons of authority.

554. Difference between the texture of the blood in active hæmorrhage and in inflammation; and explanation why inflammatory complaints seldom attended with discharge of blood.—Question whether the Solids or the Fluids primarily in fault, discussed;—and reasons for believing, that spontaneous hæmorrhage, both active and passive, proceeds in a great degree from an assignable cause hitherto overlooked.—Difference of colour of the blood in *active* and in *passive* hæmorrhage (549); and the conclusion usually drawn from thence, with respect to the immediate source of each, shewn to be liable to considerable doubt.

555. PREDISPOSING CAUSES. Original constitution which may be denominated *Hæmorrhagic*;—often connected with Sanguinous Temperament, but sometimes

with different exterior character, and then seemingly owing to particularly weak vascular structure of certain parts:—both often hereditary. — Plethora, — whether arising from full living, from indolence, or from the stopping of natural or customary discharges:—Dr. Cullen's explanation of the mode in which periodical bloodletting occasions plethora, objected to, and another offered.—Original mal-formation of certain organs,—often connected with, and supposed to depend upon, defective shape and size of external parts.—A tendency to recurrence—begotten by repetition.

556. Account of the successive developement of certain parts of the body in the progress of growth; and explanation why the tendency to Epistaxis and to Hæmoptoe, most remarkable at particular ages respectively. —Change in the relative capacity and condition of the Arterial and Venous systems after middle life, described; and corresponding change in the *nature* and most frequent *sources* of hæmorrhage at that period, pointed out.

557. OCCASIONAL OR EXCITING CAUSES,—whatever can increase the violence of the general circulation, or augment the impulse of the blood in vessels that are weak or slightly supported.—e. gr. External heat; notion that it acts by expanding the blood, disproved:—its true mode of operating shewn.—Diminished pressure of atmosphere,—as on ascending high mountains: Expts. of Dr. Darwin, confirmed by Dr. Simmons and Mr. Cline, proving, that it does not act by rarifying expandible air in the blood. Dr. Darwin's conclusion, of its inefficiency as a cause of hæmorrhage, refuted; and its effects explained and illustrated.—Violent muscular efforts,—as running,—lifting great weights,—long and

loud speaking,—blowing wind instruments.—Posture ; —as depending position of the head in Epistaxis,—erect sedentary one in Hæmorrhoids.—Tight ligatures round the neck or limbs.—Fits of anger ;—other mental emotions ?—Excess in spiritous liquors.—Use of Opium in apoplectic diathesis.—Doubts respecting the alledged effect of cold as a cause of hæmorrhage.—Blows, falls, &c.—Destruction of blood-vessels by cancerous, syphilitic, or other ulcers.

558. PROGNOSIS ; To be drawn from the age, original constitution, and previous health of the patient ;—the form (549), source, and causes of the hæmorrhage ;—its habit of recurrence ;—its degree, and the effect it has had upon the constitution. Account of prodigious quantities of blood lost, where the persons notwithstanding recovered.

559. Examination of the doctrine of Stahl and his followers,—that spontaneous hæmorrhage was an effort of the constitution to get rid of something hurtful ; and therefore seldom to be put a stop to.

560. THE TREATMENT in detail ; as applying to HÆMORRHAGE IN GENERAL, extremely various ; but in a great measure directed by the *form* (549) of the disease.—In

ACTIVE HÆMORRHAGE.

561. The indications are,—A. To avoid or remove such occasional causes (557) as may still continue to act,—by regulation of atmospheric temperature, clothing, &c.—Abstracting heat from the body by—cold applied to the surface—to the stomach,—to the intestines : —different means of effecting this.—The use of poten-

tial refrigerants, as Nitre, Acids, &c.; remarks on the circumstances in which they are useful or proper.

B. To lessen the distension and impetus of the blood, by—(a.) diminishing its quantity;—by general and topical bloodletting:—different modes of them and their management.—(b.) allaying excessive irritability of the heart and arteries,—by Direct Sedatives, as Digitalis, Acetas Plumbi, &c.—(c.) correcting certain morbid quality of the circulating mass?—Facts tending to shew the influence of the Hepatic function upon the mass of blood (554); illustrated by cases, proving the remarkable success of remedies directed to remove certain morbid states of that function in hæmorrhage.

C. Taking off any accidental irritation arising from the state of the stomach and intestines.—By Emetics, —Purgatives; choice of them in particular cases.

D. Allaying pain, —procuring an equable distribution of blood throughout the vascular system,—and thereby taking off too great determination of blood to particular parts;—by Opiates, Extr. Hyoscyami,—Relaxing diaphoretics:—nauseating doses of Emetic remedies.—Sailing,—swinging, &c.

562. Diet and regimen proper during the continuance of active hæmorrhage, and calculated to prevent a return.

563. Particular application of the principles above delivered, (549-61) to the treatment of *Epistaxis*, *Hæmoptoe*, and other hæmorrhages which most frequently assume the *active* form.

PASSIVE HÆMORRHAGE.

564. Gradations of *Active* and *Passive* hæmorrhage mutually approximating towards each other;—and change of the *former* into the *latter* by continuance or repetition.

565. Remarks on the general condition of the system which attends the *passive* form of the disease,—as leading to certain indications of cure opposite to those proper in the *active* form;—and reasons for believing, that a morbid state of the hepatic *function* is common to both.

566. In the TREATMENT OF PASSIVE HÆMORRHAGE, the general indications are—

A. To allay pain or other local irritation,—by Opiates—cold applications;—purgatives:—choice of these, and the modes of employing them.

B. To induce contraction and coagulation in the mouths of the bleeding vessels:—by Astringent remedies internally.—Alum,—Kino,—Dec. Salicis,—Maltese Styptic,—Infus. Rosæ,—Sulphas Zinci.—Sulphas Cupri.—Acetas Plumbi, &c. Account of the process of nature in stopping the discharge of blood from vessels mechanically divided; and application of this to the treatment of *passive* hæmorrhage. Observations on Syncope,—on nauseating remedies,—and on the general and topical use of stimulant articles, ex. gr. Ammonia—Ol. Terebinth.—blisters, &c.

C. To restore any diminished or suppressed excretion;—and thereby lessen the determination of blood towards the seat of the hæmorrhage,—by Diaphoretics;—Setons;—Issues;—Emmenagogues, &c.

D. Lastly, to increase the tone and vigour of the

system at large, and correct any dyscrasy of the circulating mass,—by Cinchona, — Myrrh, — Chalybeates, — suitable nutritive food; —friction; — exercise; — cold bathing.

567. Remarks on certain articles alledged to possess peculiar powers in particular kinds of hæmorrhage; — Murias Sodæ; — Ol. Olivæ cum Tinct. Rhei. &c.

568. Special application of the principles laid down (564-6), to the treatment of *Rhinæmorrhæa*, — *Hæmoptorrhæa*, — *Menorrhæa*, — *Hæmentorrhæa*, — (Sp. Melæna, Hepatirrhœa) — *Hæmorrhæa petechialis*; — and *Hæmaturia*, — illustrated by cases.

OF HÆMORRHOIS.

569. Derivation of the name. — SYN. *Hæmorrhoids*, — *Angl.* Piles. *modi diversique* to whom will bear proof.

570. CHARACTER: — Discharge of blood, or bloody fluid, immediately before or after the fæces, — generally issuing from soft, livid, and painful tumours, which take place around or within the verge of the *rectum*.

571 Division of hæmorrhoids into *Active* and *Passive*, — into *constitutional* and *local*; — with an account of the circumstances under which the one or the other form more especially occurs, — and the symptoms which accompany and distinguish it. — Strictures on Dr. Cullen's definition, which considers it as always an *active* and *constitutional* hæmorrhage; and reasons for believing that it is very often *passive* and *local*.

572. PREDISPOSING CAUSES. Original laxity of the hæmorrhoidal vessels. — Plethora: — suppression of menstrual or other customary sanguineous discharge. — Inactive and sedentary life. — Melancholic temperament:

—hypochondriacal and gouty disposition. —Advanced age (556).—The hæmorrhagic habit formed by repetition, disposes to future returns.

573. EXCITING CAUSES. Whatever opposes the free return of the blood from the hæmorrhoidal vessels, whether hardened fæces,—distended Uterus from pregnancy, &c.—preternatural tumours within the abdomen;—or obstruction of the Vena Portæ, from congestion, torpor, or induration of the Liver.—Frequent use of purgatives, especially Aloes.—Erect sitting posture.—Modes in which these causes appear respectively to operate.

574. Difference in the state of the tumours, accordingly as they consist of varicose veins,—or of blood effused into the cellular membrane;—as they are painful or indolent;—bleeding or *blind*;—compressible and fugitive, or indurated and permanent.—They occasionally suppurate, and discharge externally; and when they do so within the rectum, are perhaps the most common origin of *fistula in ano*.

575. DIAGNOSIS. Symptoms distinguishing Hæmorrhoids from Dysentery,—and from Melæna.

576. Enquiry into the opinion advanced by some eminent physicians,—that the hæmorrhoidal discharge should often be permitted or encouraged rather than suppressed,—as giving great relief to complaints of other parts, particularly the head. The reason of its proving salutary or critical in such cases, explained;—and proofs given of its being even then the index of another morbid state, which may and ought to be removed by other means.

577. PROGNOSIS. Generally favourable where the patient is young, and the disease of the *Active* form: but the contrary in advanced life if the bleeding be profuse.

the general strength impaired, or any of the important viscera be unsound.

578. THE TREATMENT,—(as in hæmorrhage in general) considerably regulated by the *form* of the complaint (549); but in a great degree also, by circumstances peculiar to its situation, as well by the predisposing and exciting causes, (572-3), and the particular state of the tumours (574).—As far as it is either an *active* or a *passive* hæmorrhage, and *dependant upon a corresponding condition of the vascular system at large*, the several indications already given (561, 566), will apply; but in its *passive* form, it is much more influenced by local circumstances than most other hæmorrhages, and accordingly demands some means especially suited to itself.

579. The special indications then, are—

A. To lessen or remove as far as may be, such exciting causes (573) as continue to act,—by cooling or mild purgatives;—laxative articles of food, especially of the vegetable kind;—regular habit of going to stool;—Mercurial preparations, either cathartic or deobstruent as the case requires.

B. To diminish the bulk, and allay the pain of the tumours,—by Leeches,—puncturing:—Aq. Plumbi Acet. Comp.—Fomentations:—Opiates internally and externally; Extr. Hyoscyami;—Cataplasma Fol. Belladonnæ.

C. To restore tone and vigour to the vessels which had been over distended, or ruptured,—by local cold bath,—astringent lotions, &c. of Alum, Sulphate of Zinc, Galls, Oak-bark, &c.

580. Remarks upon certain articles of the stimulant kind which prove particularly beneficial in chronic

hæmorrhoids;—Bals. Copaibæ,—Ward's Paste, &c.
 —Management necessary when the rectum is prolapsed.
 —Circumstances under which extirpation of the tumours becomes adviseable.

OF SCURVY.

581. Origin and meaning of the name.—*Scharbock*, Teut.—Vague and dissimilar ideas attached to the term *Scurvy* as often used in common, and not unfrequently in medical language: its strict and proper meaning.

582. GENERAL CHARACTER. Debility, lassitude, and dyspnœa,—with foetor of breath,—spongy swelling and bleeding of the gums,—livid blotches on the skin,—swelling and hardness of the legs, contraction of the hams,—dejection of mind,—and faintness, or even syncope upon exertion;—without fever.

583. Detail of symptoms marking the several stages, and most aggravated degrees of the complaint;—and description of the morbid appearances exhibited on dissection, accounting for the variety of circumstances observable in individual cases.

584. PREDISPOSING CAUSES. Original constitution, often marked by tendency to corpulence,—very generally by sluggish disposition of body, and inactive desponding turn of mind.—General debility from preceding illness of any kind.—Disease of the chylopoietic organs especially.

585. EXCITING CAUSES. Diet affording unsuitable kind, or inadequate quantity of nourishment; but particularly salted or corrupted animal food, with defect of fresh esculent vegetable matter:—scanty supply, or bad quality of water.—Coldness of climate, season, or situa-

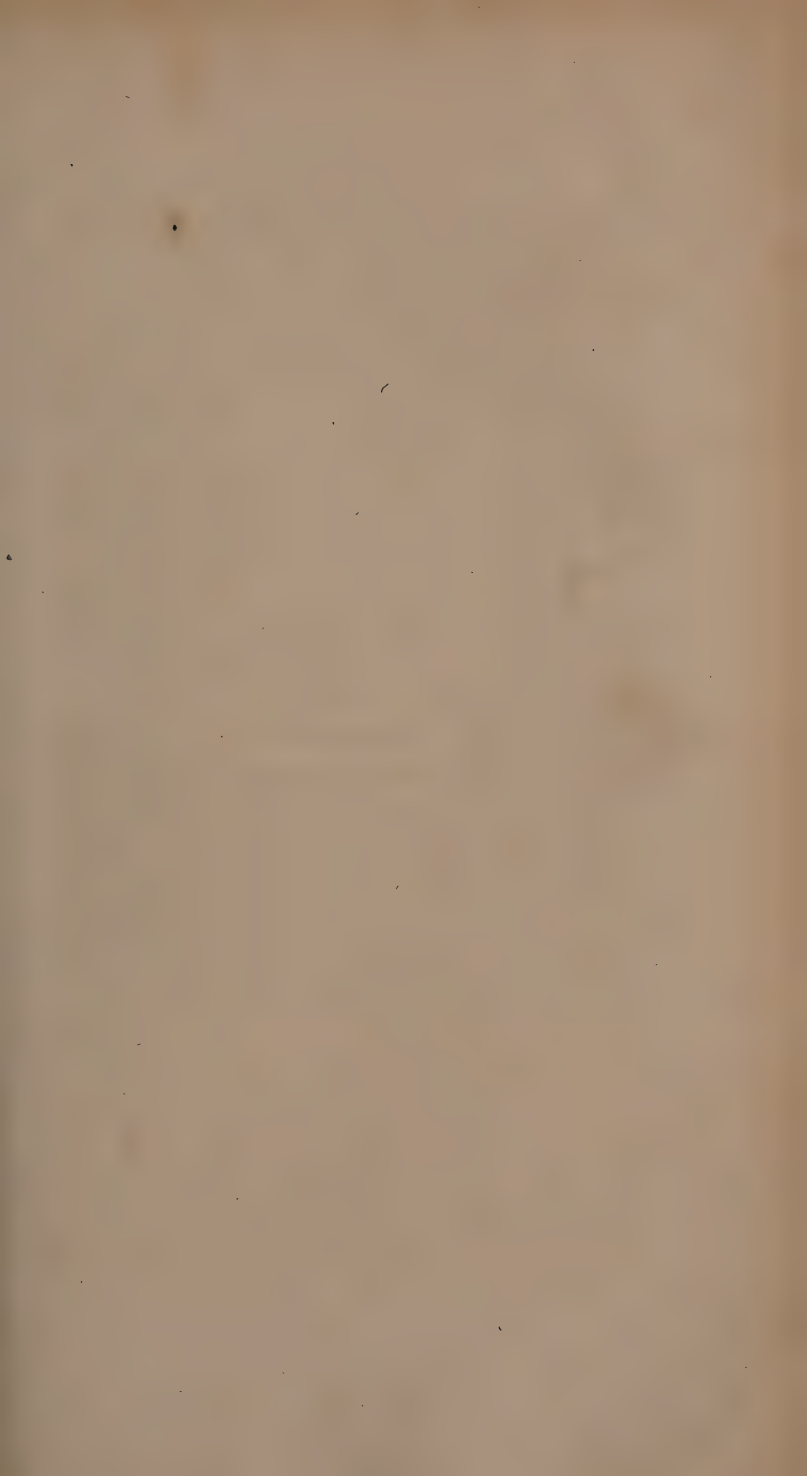
tion,—especially when combined with moisture, and foggy atmosphere.—Excessive fatigue,—or idleness and inaction.—Depressing passions.—Foul air, especially from stagnant water, marshes, &c.

586. Why this disease little known to the Greeks and Romans;—why particularly frequent in extra-tropical climates, and during long voyages and cruises;—and why much less so now than formerly.

587. Account of the different theories which have been offered to explain the phenomena of the disease, and determine its nature; particularly with respect to its being primarily a disease of the *fluids*, or of the *solids*.—Oldest theory,—putrid ferment:—Dr. Lind's;—laxity of solids, and putrid *tendency* of blood:—Dr. Macbride's,—deficiency of *fixed air*:—Dr. Cullen's,—imperfect state of the *animal mixt*:—Dr. Milman's,—gradual diminution of vital power in the muscular fibre:—Dr. Beddoes's,—deficiency of oxygene in the system.

588. Examination of these,—the objections to which they are respectively liable in particular cases;—and view of the disease as arising under very different circumstances with respect to food, &c.—with general principles which embrace the several varieties of the complaint, and lead to their appropriate and effective means of cure.—Illustration of these principles by a comparison of Scurvy with Hæmorrhæa petechialis, and the particular mode in which the latter has been successfully treated.

589. The general indications are,—A. To avoid or diminish as much as possible such of the predisposing and exciting causes as are known to exist in the particular case.—The vast importance of this both in the prevention and cure of Scurvy, shewn, in the striking difference between the state of Lord Anson's and Cap-





591. Scorbutei acidus indilut.
in largis dos. bibere queunt,
sive ventris torminibus: e.g.
Succ. Lim. ʒij freq. dedi-
ant eadem quant. aut du-
plex non nocebit.

tain Cooke's ships' companies, during their respective voyages round the world; with a detail of the several means employed by the latter, under the heads of—food,—drink,—clothing,—labour,—exercise,—amusement,—cleanliness,—subordination, &c.

B. To attend to, and correct, the morbid condition of particular functions and parts which take place more remarkably in some individuals than in others.

590. Observations on the functions of the Skin, Intestines, and Kidneys, in Scurvy; and on certain remedies which have been occasionally employed in aid of the general antiscorbutic plan (589), for relieving urgent symptoms, and expediting recovery;—under the heads of diaphoretics,—laxatives,—and diuretics.—Of the earth bath, and its operation.

591. Remarks on particular articles which have been proposed as adequate to the cure of Scurvy under a defect of fresh *acescent* vegetable matter:—e. gr. Mineral acids;—Nitre?—Vinegar;—sour Krout;—crystallized Citric acid;—Wort;—Spruce Beer;—sour flummery or *Sooins*,—*Quass*.—*Dried* vegetables? &c.—malted Barley, Gramm, &c. with the testimonies for and against them.

592. Remarks on the external treatment of Ulcers when occurring in actual Scurvy, or in a scorbutic diathesis.

OF DROPSY IN GENERAL

593. DEFINITION. A preternatural accumulation of serous or gelatinous fluid, in the cellular membrane, or in other cavities of the body.

594. Division of dropsy into *Genera* according to its source, with their allusive names and derivations; *e. gr.* —(1) in the cellular membrane, ANASARCA; Syn. *Sub-cutaneous*,—*interstitial*,—or *diffused dropsy*:—(2) in the cavity of the abdomen, ASCITES, or peritoneal dropsy:—(3) in one or more preternatural sacs, ENCYSTED DROPSY,—and this often *Ovarial dropsy*:—(4) in the chest—HYDROTHORAX; Sp. *Hydrops Pleuræ*,—*Hydrocardia*,—*Hydrops pulmonum*:—(5) in the head,—HYDROCEPHALUS, Sp. *H. externus*,—*H. internus*,—or, *Hydrops Meningum*, and *Hydrops Cerebri*:—(6) in the cavity of the scrotum—HYDROCELE:—(7) in a joint,—HYDARTHURUS:—(8) in the eye,—HYDROPTALMIA:—(9) in the spinal theca,—HYDRORACHITIS, Syn. *Spina bifida*.

595. Account of the antagonist, yet allied functions of the EXHALANTS and ABSORBENTS; proving, that every dropsical complaint depends immediately upon—A LOSS OF BALANCE BETWEEN THESE TWO SETS OF VESSELS.—Enquiry how far the one, or the other, or both, be *generally* in fault; and reasons for concluding, that the morbid condition exists generally and chiefly in the EXHALANTS.

596. PREDISPOSING CAUSES. Original constitution,—sometimes general, sometimes local;—occasionally hereditary;—often marked by a lax and sluggish state of the nervous and muscular systems, with a pale doughy complexion, and tendency to corpulence,—answering to the leucophlegmatic habit of the ancients, and by them referred primarily to a morbid condition of the FLUIDS:—arguments for and against the humoral pathology of dropsy.—Bad air.—*Damp* atmosphere?

597. EXCITING CAUSES. Scanty, poor, or indiges-

tible food.—Excess in the use of thin, and watery liquids: Sudden refrigeration, especially when previously overheated and fatigued:—Excessive loss of blood;—Profuse discharges of other kinds.—The operation of these several causes illustrated by striking examples, and by the experiments of Dr. Hales, and Professor Schultz:—and reasons why loss of blood more particularly induces dropsy.—Preceding diseases, especially Fevers, and Inflammations:—marked *locality* of their operation in many instances:—why Intermittents in particular, often bring on dropsy, and especially Acites.—Mechanical injuries, as blows, sprains, &c. often cause *local* hydropic effusion.

598. Suppression of natural or customary evacuations; as of Perspiration,—Urine,—Menses,—Hæmorrhoids, &c. The *mechanical* and *humoral* operation of these objected to, and their influence explained in a different way:—with reasons for believing, that they are oftener *consequences*, perhaps, than *causes*, of the morbid derangement which is succeeded by dropsy.—Depressing passions; the mode in which they bring forth the particular morbid tendency, pointed out.—Abuse of fermented and spiritous liquors: their *modus operandi*.

599. Obstruction to the free passage of the blood—alone sufficient to produce dropsy, beautifully illustrated by the expt. of Lower:—why compression of both Arteries and Veins, and even of the Arteries alone, should have the same effect,—explained in various examples, both of local and general dropsy.

600. Of the *kind* and *degree* of inflammatory action which especially terminates in hydropic effusion,—and the parts where it oftenest takes place; elucidated by cases and dissections.

601. GENERAL PROGNOSIS,—requires an extended consideration of the age, and constitution of the patient,—the variety and degree of the causes,—the symptoms and duration of the complaint,—its being simple, or complicated with other disorders.—Universally, however, the less the tone of the system is impaired, and the blood impoverished, the sooner and more completely will the disease yield to proper remedies : whilst the disease that occurs in advanced life,—in a leucophlegmatic habit,—and is brought on by intemperance,—or connected with organic disease of the heart, lungs, liver, ovarium, &c. medicine may relieve, but will seldom cure.—Women said to be oftener cured than men ; considerable exception to this :—and short persons oftener than those of large stature.—*Unfavourable signs*,—progressive wasting, —purple or livid blotches, or erysipelatous eruptions on the skin ;—fætor of the breath ;—hæmorrhage from the nose, mouth, lungs, stomach, or intestines ;—drowsiness ;—constant feverish heat and great thirst, unless these proceed from heating medicines, and abstinence from drink :—spontaneous diarrhœa without relief :—the swelling, when reduced by medicine, returning quicker than before.—*Favourable signs*—absence of those just mentioned :—the pulse being steady, not quick, and of good strength ;—the deficient excretions, especially the Urine, and Perspiration, being sensibly increased by remedies not very powerful in their kind.—Conclusion to be drawn from the consistence, colour, &c. of the effused fluid.

OF ANASARCA, OR INTERSTITIAL DROPSY.

602. CHARACTER. Diffused swelling of a part, or of nearly the whole body, having usually the ordinary colour of the skin,—easily receiving the impression of the finger, and retaining it for some time ;—shifting its situation more or less according to posture, and generally occupying the most dependant parts.

603. Division of Anasarca by Nosologists, into different Species or Varieties, according to its alledged Cause.

604. Of the parts in which it generally appears first,—its progress,—attendant symptoms,—and the modes in which it proves fatal.—Frequent difference in the quantity, colour, &c. of the urine, between this and other dropsies, and conclusions that may be drawn from it.

605. DIAGNOSIS. How distinguished from Leucophlegmatic Obesity, and from Emphysema.

606. PROGNOSIS. Anasarca when consequent upon Ascites or Hydrothorax, follows the event of the *primary* disease; but if *idiopathic* itself, is commonly obstinate, unless where it succeeds to Scarlatina. Has occasionally been removed by fever supervening; and in a few instances by spontaneous oozing through the pores of the skin.

607. Some account of the BERIBERI, an acute and destructive disease, almost peculiar to the East Indies,—attacking more especially the Sepoys and Lascars,—presenting a singular combination of spasmodic, hydropic, and paralytic symptoms,—and occasionally those of

Scurvy also : with conjectures respecting its cause, and suggestions for its treatment.

608. Description of a particular species of Œdema attendant upon Hepatic disease, occasionally observed in this country, but unnoticed by authors.

OF ABDOMINAL DROPSY.

609. Division of this into *Ascites*, or *Peritoneal Dropsy*—and *Encysted Abdominal Dropsy*.

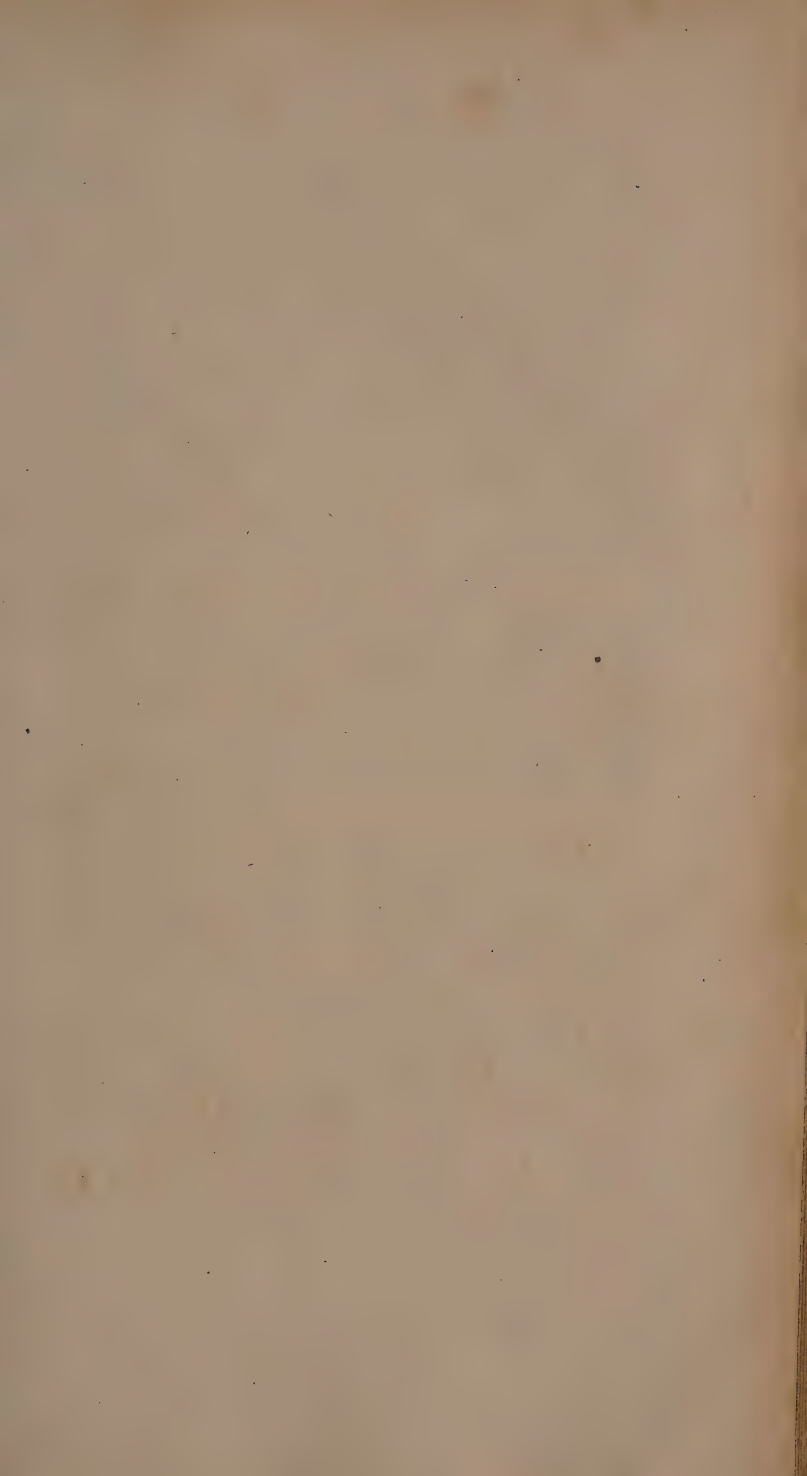
610. CHARACTER OF ASCITES. A uniform, tense, and nearly inelastic swelling of the belly, accompanied with fluctuation.

611. Symptoms generally ascertaining ENCYSTED ABDOMINAL DROPSY;—the swelling in the latter being at first local,—often attended with pain;—fluctuation being obscure or altogether imperceptible;—dragging uneasiness on turning in bed, &c.

612. Of the parts in which hydropic cysts most commonly occur;—their different structures in different instances;—Proofs of the animalcular nature of hydatids (*Tenia hydatigena*, LIN.): and difficulty of accounting for their presence in the living body.—Why encysted dropsy more frequent in women than in men:—why generally fatal at last; and why more slowly so than the other forms of dropsy.

613. Under what circumstances Ascites and Anasarca are simultaneous or successive.—Modes in which Ascites and Encysted dropsy respectively destroy life.

614. Of the delicacy and difficulty which occasionally attend the diagnosis between Abdominal Dropsy and Pregnancy: and of the marks which serve to distinguish



them.—Fatal effects from mistaking enlarged Liver, Spleen or Kidney for Ascites, and performing the operation of paracentesis.

OF HYDROTHORAX.

615. **SYMPTOMS** which usually attend it;—shortness of breath;—paleness or purple hue of the face;—difficulty of lying in a recumbent posture;—frequent, sudden, and spontaneous starting up from sleep, with sense of suffocation, and palpitation of the heart;—paucity of urine;—œdematous swelling of the lower extremities.

616. **DIAGNOSIS.** Difficulty of determining the existence of Hydrothorax in general; and still more the particular part in which the fluid is collected: necessity for this purpose, of minutely investigating its rise and progress,—the preceding as well as accompanying symptoms,—and the collateral circumstances of constitution, age, habits of life, &c.

617. Method recommended by Hippocrates for detecting water in the chest;—deception to which it is liable, illustrated by a case:—and danger which may attend the trial. Test proposed by Avenbrugger; and its improbability shewn.

618. **THE PROGNOSIS IN HYDROTHORAX** generally unfavourable, and why:—instances, however, in which a partial or complete recovery took place, under the most unpromising symptoms.

OF CHRONIC HYDROCEPHALUS.

619. Division of Hydrocephalus into two distinct and widely different forms of disease, viz. the *acute* and *chronic*.—Reasons for considering only the latter under the general head of Dropsy, and for treating of the other separately.

620. CHARACTER. Obvious and uniform enlargement of the cranial vault in young children, with defective ossification of the bones, and consequent openness at the sutures.

621. The disease usually connate, perhaps congenitate. Examples of it in the early foetal state.—Progress of the complaint, and the effects it produces.

622. Appearances on dissection;—and difference between the seat of this, and of a species of Hydrocephalus often terminating the life of insane adults.

623. THE PROGNOSIS. Why *universally* unfavourable.

* * *

624. *Hydrocele*, *Hydrorachitis*, and *Hydrophthalmia*, as falling almost exclusively under the Surgeon's management, referred to another place.

GENERAL CURE OF DROPSY.

625. The indications are—A. To remove the effused fluid;—B. To obviate the causes which gave rise to it;—C. To prevent a return of the disease.

626. The fluid may be removed either *indirectly*, through the natural excretories of the body, as the Stomach, Intestines, Kidneys, and Skin, by means of their

corresponding evacuants, viz. Emetics,—Cathartics,—Diuretics, and—Diaphoretics;—or *directly*, through new outlets produced by Punctures, Blisters, &c.

627. EMETICS; their great antiquity in the treatment of dropsy;—drastic ones much used by Sydenham;—uncertainty of them.—In what cases they are indicated;—in what dangerous.—Choice of the kinds adapted to the particular case.

628. CATHARTICS; are among the most powerful anti-hydropsics:—their use *generally* proportioned to the quantity of fluid discharged. Why more effectual in Ascites, and less so in Hydrothorax, than in other kinds of dropsy.—Rules for their management.—Individual articles.—Pulv. Jalapii Comp.—Pulv. Scam. cum Calomelane.—Gambogium.—Elaterium.—Pil. Nitratis Argenti?—Saline Cathartics,—Supertartras Potassæ.

629. DIURETICS, generally indicated, but often disappoint expectation, and of themselves rarely adequate to a cure.—Accurate comparison of their powers much wanted.—The kinds indicated under certain circumstances.—Particular articles;—Squills, and its combinations:—Colchicum; its uncertainty and frequent failure,—Lactuca Virosa,—testimony of Collin and Stoll in favour of it;—probable mode in which it operates.—Bacher's Pills.—Cuprum Ammoniatum, et Sulphas Cupri.—Nicotiana;—difficulty attending the rationale of its operation.—Digitalis; striking opposition of testimony respecting it;—attempt to explain its diuretic effect upon a new principle:—management necessary to render it safe.—Opium? occasionally operates as a diuretic.—Diluted acids, and mild saline neutrals;—Nitro,—Acetas Potassæ, &c.—*Stimulant Diuretics*; Tinct. Cantharidis,—doubts and cautions respecting its em-

ployment.—Infus. Sinapeos, Armoraciæ, et Dauci Sylv.—Decoct. Petroselini, cacuminis Genistæ, folior. Cynaræ, &c.—Turpentine and Balsams,—Cerevisia Pini,—Aq. Picis ;—Æthers, &c.

630. **DILUENTS:** Abstinence from liquids long strenuously inculcated ;—discovery of its bad consequences, and great benefit of an opposite plan shewn both from principles and facts.—Kinds of diluents suited to particular cases.

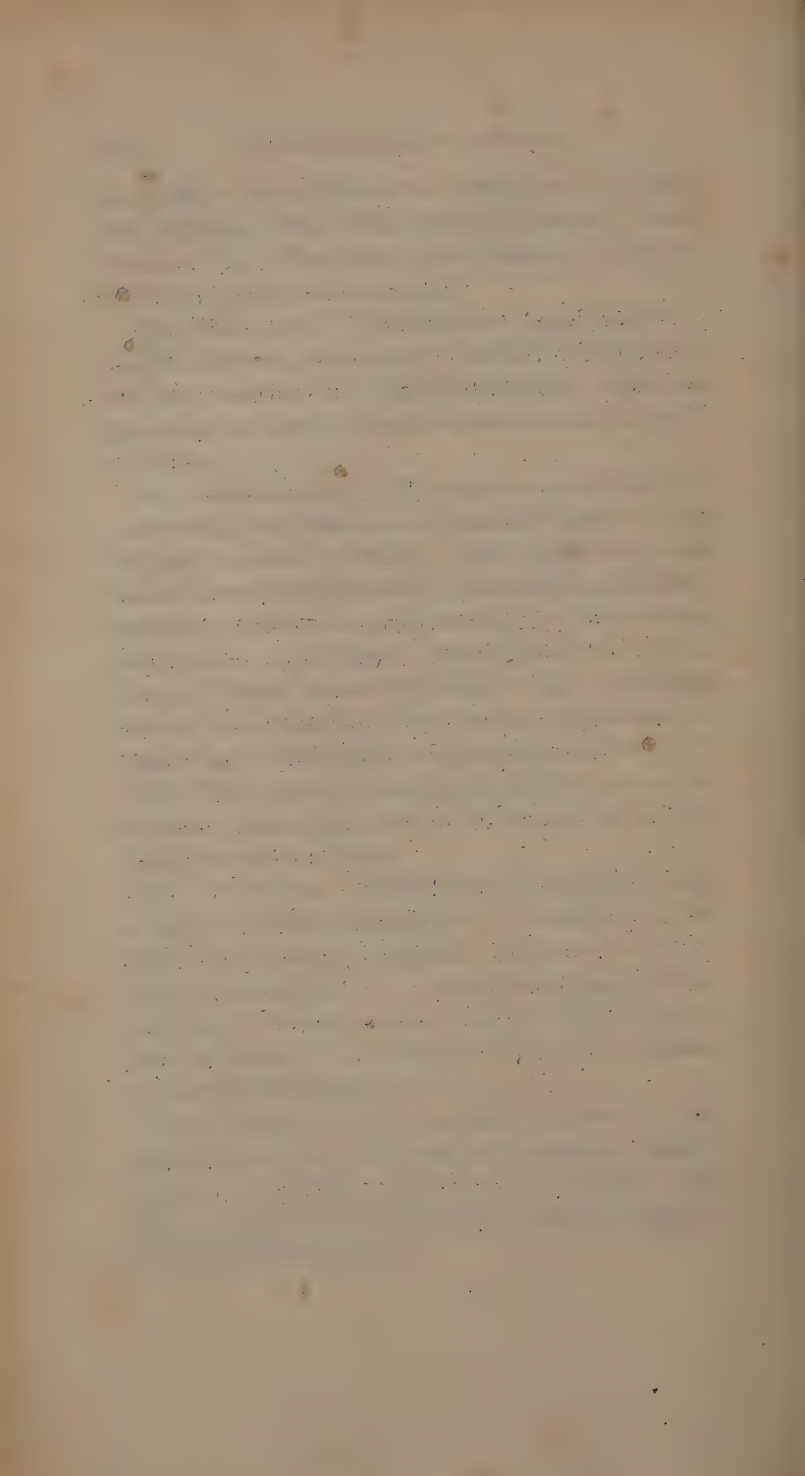
631. **DIAPHORETICS.** The skin a copious outlet of watery fluid ;—its function very generally impaired, and difficultly restored in dropsy. Why diaphoresis most useful when indirectly obtained.—In what cases especially indicated.—Cautions against forcing it, as the ancients attempted to do.—Means,—Baln. tepid.—Pulv. Ipec. Comp.—Vinum Antim. Opiatum,—Liq: Ammoniæ Acetatis, &c.—Methods of exciting local diaphoresis,—Vapour bath,—Oiled Silk,—Cabbage Leaves, &c.

632. The quantity of discharge by **EXPECTORANTS** too small to encourage their use for the purpose of evacuating through the lungs.

633. **FRICTION**,—anciently much employed ; why perhaps too much neglected now :—Testimonies in its favour.—Its operation explained :—adjuvants to it.

634. **ELECTRICITY**,—a powerful excitant of Nervous and of Vascular action. In what cases likely to prove serviceable ;—in what useless or hurtful.—Modes of it suited to different cases.

635. **MERCURY.** The universal operation of this remedy shewn ; and the variety of indications which it is capable of fulfilling, pointed out and explained.—The cases in which it is more especially beneficial, and the proper management of it.



636. DIRECT METHOD OF REMOVING THE EFFUSED FLUID (625);—Paracentesis in Ascites;—its early use often injurious; mischief on the other hand from postponing it too long:—under what circumstances it should be had recourse to. Management necessary during and after the operation. Doubts respecting its employment in hydrothorax:—why inadmissible in hydrocephalus.—Dangerous proposal of injecting liquids into the thoracic or peritoneal cavities.—Puncturing in Anasarca;—necessary cautions respecting the part, the mode, and the circumstances of the case, in which it is performed, so as to avoid inflammation or gangrene.

637. BLISTERS, OR EPISPASTICS;—the discharge by them often very great without vesication, and always stopped when inflammation supervenes:—application of this to regulate the mode of using them.

638. To fulfil the second indication (B. 625), not only necessary to avoid or diminish such of the external exciting causes as may still continue to operate, but also accurately to investigate the internal cause or causes immediately occasioning the loss of balance between exhalation and absorption; *e. gr.*—(a.) general debility operating more especially upon the Exhalent vessels;—(b.) weak inflammatory action (600);—(c.) obstruction, from congestion of blood, from torpor, or from change of structure, in any considerable viscus, as lungs, liver, spleen, &c.

639. Means adapted to (a.)—Tonics of various kinds, particularly the simple bitters, variously combined with alkalies, acids, stimulants, chalybeates, &c. accordingly as the circumstances of the case may require.

640. Means suited to (b.) and (c.);—blisters;—Mer-

cury, combined with Opiates, and Antimonials;—*Cicut*a,—*Extr. Taraxici?* &c. — (594), (595), (596), (597), (598), (599), (600), (601), (602), (603), (604), (605), (606), (607), (608), (609), (610), (611), (612), (613), (614), (615), (616), (617), (618), (619), (620), (621), (622), (623), (624), (625), (626), (627), (628), (629), (630), (631), (632), (633), (634), (635), (636), (637), (638), (639), (640), (641), (642), (643), (644), (645), (646), (647), (648), (649), (650), (651), (652), (653), (654), (655), (656), (657), (658), (659), (660), (661), (662), (663), (664), (665), (666), (667), (668), (669), (670), (671), (672), (673), (674), (675), (676), (677), (678), (679), (680), (681), (682), (683), (684), (685), (686), (687), (688), (689), (690), (691), (692), (693), (694), (695), (696), (697), (698), (699), (700), (701), (702), (703), (704), (705), (706), (707), (708), (709), (710), (711), (712), (713), (714), (715), (716), (717), (718), (719), (720), (721), (722), (723), (724), (725), (726), (727), (728), (729), (730), (731), (732), (733), (734), (735), (736), (737), (738), (739), (740), (741), (742), (743), (744), (745), (746), (747), (748), (749), (750), (751), (752), (753), (754), (755), (756), (757), (758), (759), (760), (761), (762), (763), (764), (765), (766), (767), (768), (769), (770), (771), (772), (773), (774), (775), (776), (777), (778), (779), (780), (781), (782), (783), (784), (785), (786), (787), (788), (789), (790), (791), (792), (793), (794), (795), (796), (797), (798), (799), (800), (801), (802), (803), (804), (805), (806), (807), (808), (809), (810), (811), (812), (813), (814), (815), (816), (817), (818), (819), (820), (821), (822), (823), (824), (825), (826), (827), (828), (829), (830), (831), (832), (833), (834), (835), (836), (837), (838), (839), (840), (841), (842), (843), (844), (845), (846), (847), (848), (849), (850), (851), (852), (853), (854), (855), (856), (857), (858), (859), (860), (861), (862), (863), (864), (865), (866), (867), (868), (869), (870), (871), (872), (873), (874), (875), (876), (877), (878), (879), (880), (881), (882), (883), (884), (885), (886), (887), (888), (889), (890), (891), (892), (893), (894), (895), (896), (897), (898), (899), (900), (901), (902), (903), (904), (905), (906), (907), (908), (909), (910), (911), (912), (913), (914), (915), (916), (917), (918), (919), (920), (921), (922), (923), (924), (925), (926), (927), (928), (929), (930), (931), (932), (933), (934), (935), (936), (937), (938), (939), (940), (941), (942), (943), (944), (945), (946), (947), (948), (949), (950), (951), (952), (953), (954), (955), (956), (957), (958), (959), (960), (961), (962), (963), (964), (965), (966), (967), (968), (969), (970), (971), (972), (973), (974), (975), (976), (977), (978), (979), (980), (981), (982), (983), (984), (985), (986), (987), (988), (989), (990), (991), (992), (993), (994), (995), (996), (997), (998), (999), (1000).

641. Remarks upon the general treatment of dropsy;—the diet and regimen suited to the circumstances of the case;—and the means likely to prevent a recurrence of the disease.

642. A due attention to the principles delivered above, will readily point out the particular means especially adapted to the individual kind (594) or species of dropsy.

OF ACUTE HYDROCEPHALUS.

643. Reasons for considering this disease separately and particularly.

644. SYN. *Hydrocephalus internus*, WHYTT;—*Apoplexia Hydrocephalica*, CULL.—*Hydrocephalus acutus*, QUIN.—*Phrenicula*, RUSH.—*Hydrocephalitis?*

645. CHARACTER. Anorexia,—lassitude,—heaviness, and pain of the head, and intolerance of light,—accompanied with febricula, costiveness, and vomiting,—and followed by unusual slowness of pulse,—dilatation of the pupils,—strabismus, and restless somnolency, or stupor: chiefly attacking persons under puberty, and more especially children.

646. Particular detail of the mode in which the disease usually commences and proceeds,—and occasional variety in the number,—order,—degree,—and duration of the symptoms,—according to the age, constitution, &c. of the patient;—reconciling the dissimilitude of individual narratives, and accounting for the opposite ideas of those authors who have framed a general character from a few cases, or adopted theories respecting its nature and proper mode of treatment in the *early* and perhaps

only curable stage, from the manner in which the disorder fatally terminates.

647. Striking changes of symptoms in the progress of the complaint, dividing it into *three* distinct stages,—1st, of *irritation*,—2dly, of *oppression*,—and 3dly, of *ineffectual reaction*.

648. Account of the morbid appearances after death, explaining the circumstances of par. 647 ;—with strictures on the propriety of the different names (644) that have been given to the disease ; and a new one offered :
PARAPHRENITIS HYDROCEPHALICA.

649. PREDISPOSING CAUSES ;—A peculiarity of constitution, evidently allied to scrophula,—often hereditary,—and usually marked by irritable and delicate frame of body, acuteness of intellect, and liveliness of disposition,—and sometimes by a peculiar form of the head : — Imperfect convalescence from Scarlatina, Measles, Small Pox, Whooping Cough, &c.

650. OCCASIONAL OR EXCITING CAUSES, — whatever can produce considerable pyrexia of the inflammatory kind, in children predisposed to the disease, *e. gr.* sudden refrigeration ;—the irritation of teething, and of worms, especially if attended with convulsions.—Bilious vomiting and purging suddenly checked.—Disease of the brain itself, from blows, falls, &c. or from scrophulous or other tumours formed within its substance.—Other causes alledged, but less obvious in their operation, *e. gr.* suppression, or spontaneous metastasis, of Tinea Capitis, and of other eruptions,—healing of old ulcers, issues, &c.

651. OF THE PROXIMATE CAUSE. General view of the disease, and comparison of it with Phrenitis in adults (300),—leading to the conclusion (supported by

the means of cure acknowledged to be the most effectual), that the affection of the brain, though the immediate cause of death where the case ends fatally, is yet, in general, only A CONSEQUENCE OF INFLAMMATORY IRRITATION, WITH DIMINISHED OR ALTERED FUNCTION, OF THE LIVER.

652. DIAGNOSIS. Difficulty of distinguishing this disease in its early stage, from the febrile state occasioned by Dentition or by Worms,—owing to their having many symptoms in common :—circumstances in which they agree ;—others in which they differ ; and importance of a timely discrimination to the safety of the patient.

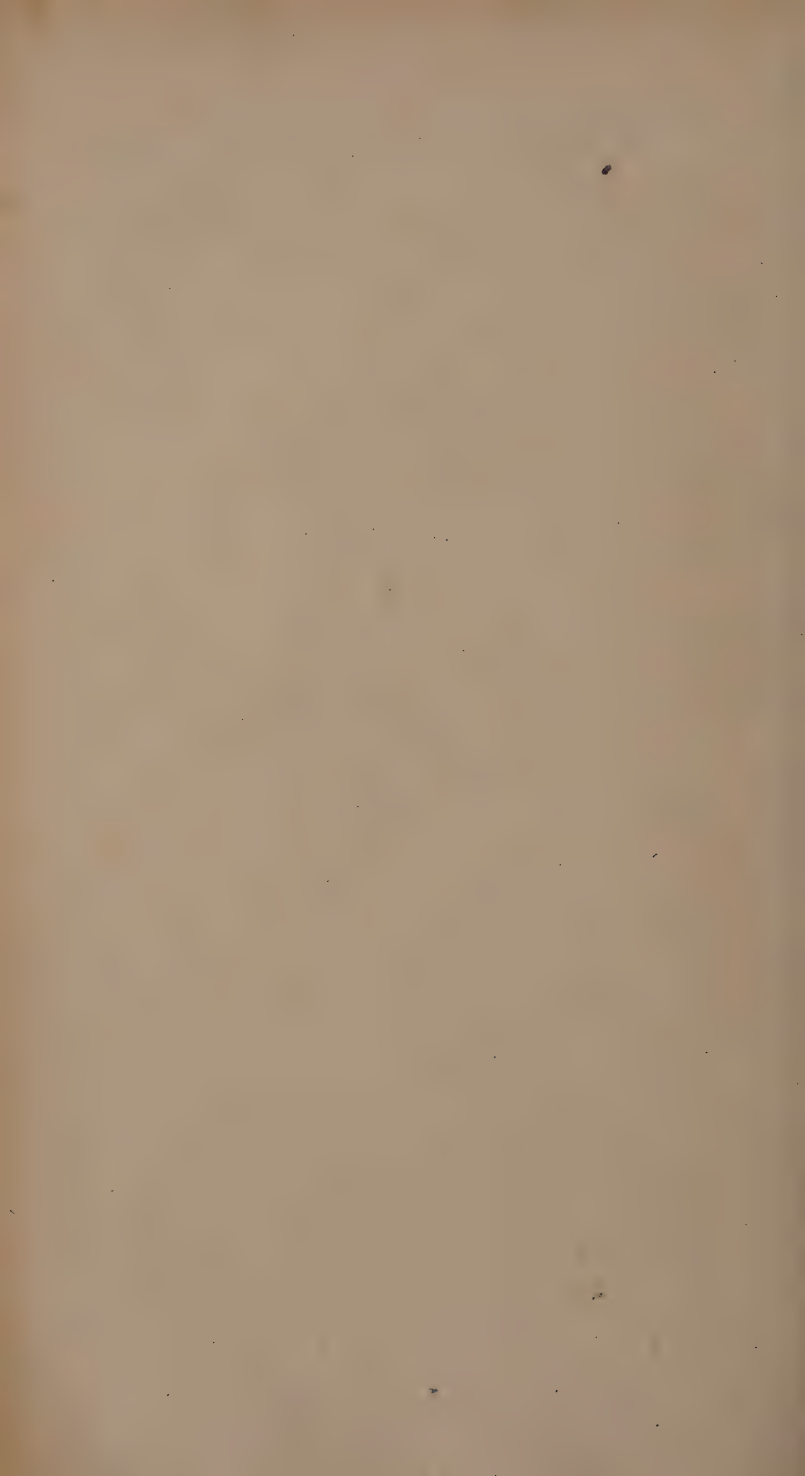
653. PROGNOSIS,—even in the FIRST stage (647) *doubtful* ;—in the SECOND *very unfavourable* ;—and in the THIRD *uniformly hopeless*. Particular circumstances denoting one or the other of these.

654. TREATMENT. — This, to give a tolerable chance of success, must be decisive,—be entered upon early,—and pursued with vigour. The chief indications are—

A. To diminish the inflammatory action of the brain directly, by venesection, leeches, cupping, blisters, and digitalis,—according as the symptoms are urgent, and as the case partakes most of the *tonic* or *atonic* form.

B. To take off congestion or irritation from the Hepatic system, by the use of purgatives, but especially by the employment of MERCURY, so as to empty that organ, and to restore its free secretion and excretion.

C. To aid these (A and B) by the use of—Opiates, —Antacids,—Diaphoretics,—Diuretics ?—&c. &c.—Directions for the management of these means respectively.



655. Consideration of the proposal to evacuate the effused fluid by puncture; and the necessary fatality of it demonstrated.

OF DYSPEPSIA, OR INDIGESTION.

656. SYN. *Bradypepsia*,—*Diaphthora*,—*Apepsia*.

657. Vast importance of the stomach shewn, as—the laboratory of nourishment,—the great center of Sympathy, — and the prolific source of multiform disease.

658. Short sketch of the functions of the stomach in its healthy state,—with reference to the Lectures on Physiology for a fuller exposition.—Periodical recurrence of appetite or hunger differently accounted for;—is probably a compound sensation.—Processes which the food successively undergoes—of Mastication and Deglutition;—Solution and Conversion in the Stomach; extrusion thence in the form of Chyme;—junction with the Bile and Pancreatic Liquor;—formation of Chyle, and its absorption by the lacteals.—General remarks on the best established theory of digestion;—on the qualities of the Gastric Liquor,—the appropriate food of different classes of animals,—the omnivorous nature of MAN,—the influence of habit with respect to food,—and the remarkable cravings and antipathies of individuals.

659. GENERAL CHARACTER. Irregular, but commonly deficient appetite;—occasional craving, without relish in satisfying it;—apepsia, loathing;—nausea, and sometimes vomiting;—sense of load and distension after meals, followed by eructations of air, &c.—acid, nidorous, pungent, or insipid.—Mouth and fauces generally

dry, and tongue white, or yellow.—Bowels generally irregular, oftenest costive, sometimes lax, or each by turns.

660. The above symptoms, accompanied with a host of others termed *Nervous*, infinitely varied in individuals, and often more distressing than the primary ones; *e. gr.* headache,—flying pains,—noise in the ears,—giddiness, temporary absence of mind,—impaired memory;—unrefreshing sleep,—terrific dreams,—unusual timidity,—despondency of mind;—in a word, with all the train of complaints marking Hysteria and Hypochondriasis, as they appear in their respective constitutions.

661. Remarks on several of the symptoms (659), and on the exterior marks of constitution or habit of those persons, in whom particular ones more especially occur.

662. PREDISPOSING CAUSE;—original constitution;—sometimes apparent only in defective function of the Stomach itself, at others evidently connected with want of Tone and Vigour of the body at large.

663. EXCITING CAUSES;—these divisible into *two* kinds, viz.—A. such as operate directly on the Stomach,—and—B. such as affect it through the medium of the general system.—A. Want of due mastication, and commixture of food with the saliva;—proofs and illustration of this, and remarks on the antizymic property of the saliva.—Food either in itself difficult of digestion, or so with respect to the individual;—over-distension of stomach from excess in the quantity of food or drink;—compression of the stomach from posture, &c.—violent exercise or succussion of the body after a full meal,—illustrated by ingenious experiment of professor Harwood of Cambridge:—abuse of acid and acescent articles of food,—and of stimulating condiments, or spi-

ritous liquors;—frequent and copious use of warm diluents:—certain articles of the narcotic kind, *e. gr.* Tobacco,—Tea,—Opium,—Bitters, &c.—B. Sedentary inactive life;—cold damp atmosphere;—grief, anxiety, and other passions and affections of the mind;—intense application to study or business; *Venus immodica*.—Examples of the effects of these several agents (662-3) in individuals,—in particular occupations,—and in certain classes of men.

664. The Stomach, from its extensive sympathy, often a partaker of morbid irritation communicated from other organs; when it frequently displays symptoms so violent, and apparently so confined to itself, as to make the *primary* and *proper source* be altogether overlooked.—Instances of this in the successful treatment of seemingly Idiopathic Dyspepsia, by remedies which manifestly and chiefly operate upon other organs, and exert little or no immediate beneficial influence upon the Stomach.

665. PROXIMATE CAUSE OF IDIOPATHIC DYSPEPSIA. A defect in the quantity or quality of the gastric fluid, the consequence of impaired secretory function of the stomach; but probably commensurate with the state of its tone and vigour as a *muscular* organ.

666. TREATMENT. Importance of previously ascertaining whether the dyspepsia be constitutional or acquired—whether idiopathic or symptomatic,—whether arising merely from errors in diet, or other extrinsic agents,—or, owing to a morbid state of the Stomach independently of these.

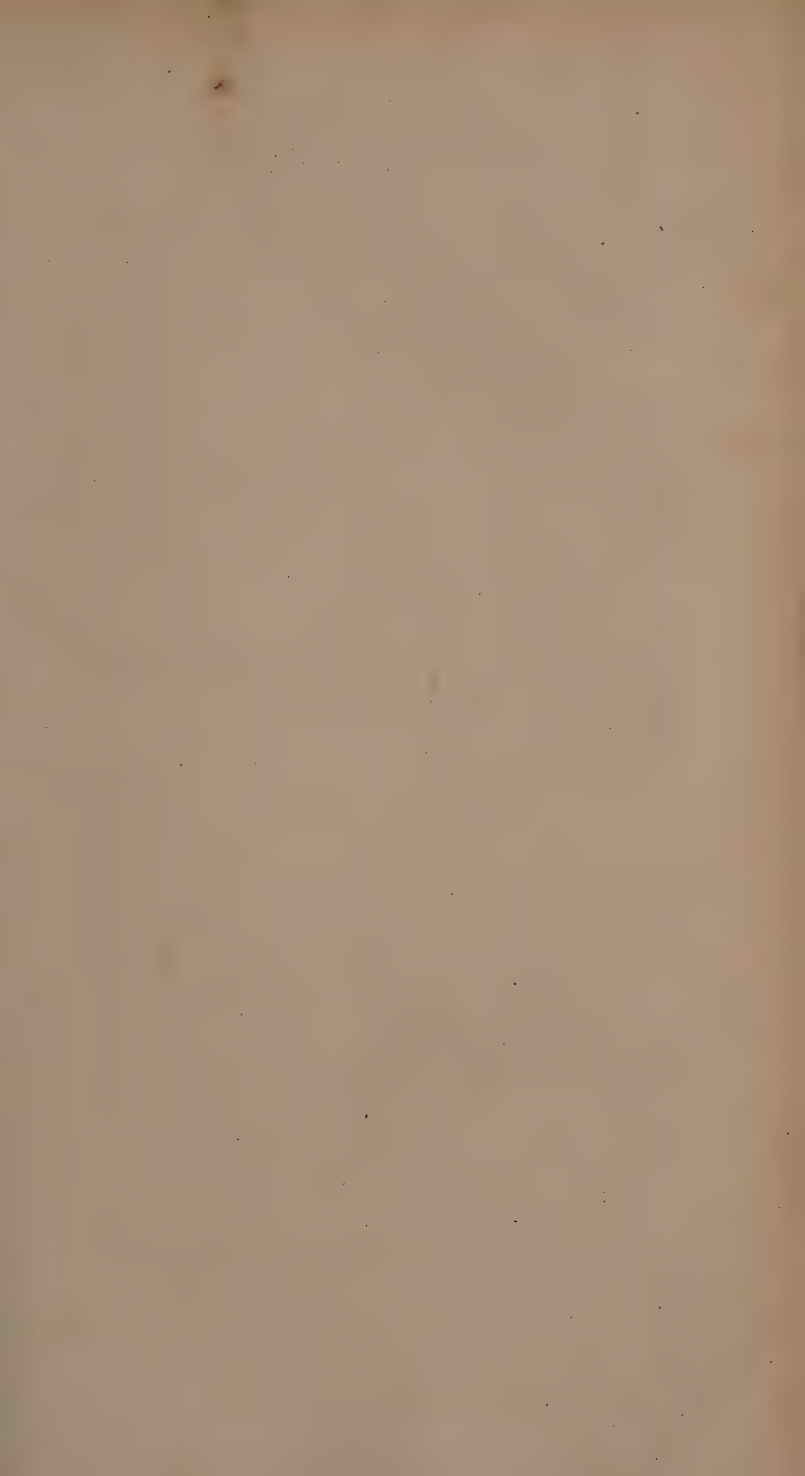
667. The principal indications are,—1st, To avoid, remove, or as far as may be, duly regulate, those things

enumerated as exciting causes (663).—2dly, To relieve urgent symptoms,—as cardialgia,—acidity,—costiveness, or purging,—and pain.—3dly, Improving the vigour of the stomach, and of the system at large.

668. FIRST INDICATION.—Difficulty of accomplishing it in many cases,—sometimes from the circumstances of the patient, but often from the force of inveterate habits.—Allowance necessary, (under certain restrictions) for custom and constitutional peculiarities in regard to articles of food.—General indications as to the proper *kind* of food,—drawn from the obvious prevailing state of the stomach, *e. gr.* acid,—nidorous,—puitous;—and from the exterior character of the patient.—Regulation as to *quantity*;—abuse of the common precept of *eating little and often*, pointed out and explained.—Directions with regard to *dilution*, or the taking in of liquids.

669. SECOND INDICATION.—Means of fulfilling it.—Cardialgia the effect of opposite chemical qualities of the gastric contents, viz. septic,—acid,—rancid;—respectively relieved by—acids,—alkalies:—choice of the first,—Sulphuric, Nitrous, and Muriatic Acids,—native Vegetable Acids,—Carbonic Acid Gas;—of the second,—Soda,—Potassa,—Ammonia,—Magnesia,—Chalk,—Lime Water;—according to the circumstances of the case.—*Obviating costiveness*;—the milder cathartics most suitable; choice of these according to circumstances. Bile the natural tonic and laxative;—indication of increasing its quantity when deficient, and correcting its quality when depraved,—how best fulfilled.

670. Why emptying the stomach by Emetics seldom required; and why their frequent use injurious:—under



876. Dicit Scotus, quod spiritus arden-
ter bibens solitior occupat -

what circumstances they may be employed,—and the kinds most proper.

671. Removal of pain obtained—sometimes by the means noticed above (669),—occasionally by Aromatics and other stimulants,—most effectually by Opiates:—choice and management of these respectively.

672. THIRD INDICATION (667);—why often limited in this.—Tonic remedies;—why simple astringents but little tonic,—and why Cinchona less so here than Aromatic or Simple Bitters. The *modus operandi* of Simple Bitters, and cautions requisite in their use (416).—Chalybeates not often serviceable, and why:—when indicated.—Directions for the choice, and combination of these remedies.

673. Of the kinds of Exercise most suitable to dyspeptics;—of Friction:—of Amusement and relaxation of mind.—The temperature of the body variable in dyspepsia,—oftenest defective:—regulation of Clothing.—Of Bathing;—its frequent misapplication,—and directions for its use.

* * *

674. Observations on a peculiar species of Dyspepsia; the *Cardialgia sputatoria* of Linnæus,—the *Pyrosis* of Cullen,—in Scotland termed the *Water-brash*;—appropriate name GASTRODYNIA SPUTATORIA.

675. CHARACTER. Sudden and violent attack of pain at the stomach, with copious discharge of colourless, insipid, and generally cold fluid, resembling saliva, from the mouth, fauces, and œsophagus.

676. Particularly frequent in certain countries;—remarks on the condition in life,—the food, &c. of those whom it chiefly affects.

677. Probable nature and cause of the disease.—Re-

medies most effectual in relieving the fit, and preventing its recurrence: — Opiates, — Ammonia, — Æther; — Tinct. Guaici, — Aqua Picis, — Stimulant plasters; — change of diet.

* * *

678. SCIRRHOUS PYLORUS often mistaken for ordinary Dyspepsia; and Hepatic Disease for both. Importance of an early discrimination between them, — and circumstances which will tend to this, in — the age, and exterior character of the patient, — the seat of the pain, — state of the appetite, — sensations after eating, — vomiting of the food, — state of the bowels, — progressive increase of symptoms, — marasmus, &c. —

679. Observations on the remedies commonly employed: — Cicuta: — Mercury; — Opium; — Extr. Hyoscyami; — Blisters, Setons: — Tepid Bath. — Of the food most proper.

OF JAUNDICE.

680. SYN. *Ικτερος*, *Græc.* — Icterus: — *Aurigo*; — *Morbus Regius*, *vel arquatus*, *vel arcuatus*, *Lat.* — *Jau-nisse*, *Fr.*

681. CHARACTER. Yellowness taking place over the whole surface of the body, — but first and most conspicuously in the eyes, and roots of the nails; — Urine thick, of a deep yellowish brown colour, and tingeing white substances immersed in it of a yellow hue; — bowels generally costive, but sometimes loose, — with clay-coloured, or unusually pale stools; — languor, lassitude, drowsiness, — itching of the skin; — altered, and generally impaired, appetite.

682. Detailed description of the commencement and progress of the disease; — and variations occasionally

observed in the state of the pulse,—respiration, stomach, intestines, skin, &c. according to the constitution and previous health of the patient, and the nature of the exciting cause.

683. Distinction of Jaundice into—idiopathic and symptomatic;—into continued, and periodical or recurrent,—into febrile, and non-febrile;—into yellow, and black (*Icterus*, and *Melasicterus* of authors.)

684. EXCITING CAUSES. Compression of the biliary ducts, particularly the *ductus communis*,—by posture,—by advanced pregnancy;—by tumours of neighbouring parts, *e. gr.* steatomatous Omentum,—scirrhus Pancreas, &c.—partial inflammation affecting the larger ducts;—scirrhus,—ossific deposit?—or tubercles in the liver;—inspissated bile;—biliary concretions:—lumbrici occupying the gall bladder?—Consideration of these, and of the circumstances necessary to ascertain, or at least render probable, the existence of one or other of them.—Strictures on the propriety of denominating species of the complaint, from causes which often cannot be ascertained during life.

685. Other remote causes sometimes adduced, but less evident in their operation, and more difficultly explained; *e. gr.* Spasm of the ducts,—passions of the mind,—as anger,—fear,—grief,—terror,—surprize, &c.—injuries done to the brain;—suppression of menstrual, or hæmorrhoidal discharge;—drying up of habitual ulcers;—metastasis of eruptions:—the bites of poisonous animals?

686. Observations on the secretory and excretory function of the Liver—on the leading and characteristic symptoms of the disease,—and on the circumstances in

which the several remote causes (684-5) concur in producing.

687. **THE PROXIMATE CAUSE**, viz. a considerable or total obstruction to the passage of the Bile into the Duodenum, and a consequent absorption or regurgitation of it, into the circulating mass.

688. Examination of the cases and dissections adduced to support the opinion—that jaundice may occur without any obstruction to the free exit of the Bile;—and solution of the difficulty upon principles consistent with each other, and illustrative of a comprehensive theory respecting the nature of the Hepatic Function, and its influence in various forms of disease.

689. Appearances on dissection; and inquiry into the change alledged to take place in the colour of objects.

690. **THE PROGNOSIS** must be formed upon a consideration of the age, constitution, and previous health of the patient,—the degree and continuance of the disease,—the cause giving rise to it,—the effects it has produced,—and its being simple, or complicated with other disorders.—*Favourable circumstances*;—youth and previous general health,—appetite and strength little impaired,—absence of fever,—and of pain on pressure.—*Unfavourable circumstances*;—advanced life,—cachectic or scrophulous constitution,—pain and tenderness of the hepatic region,—symptomatic pyrexia,—hydropic tendency,—hæmorrhage, or ecchymoses.

691. **TREATMENT.** As the cure essentially consists in removing the obstruction to the free egress of the Bile from the Liver, the treatment will vary according to the nature of the cause giving rise to that (684-5):—the chief indications then will be—

A. To lessen inflammatory action if present:—by Bloodletting, general and topical;—blisters;—tepid bath;—Antimonials, &c.

B. To alleviate pain, and to relax spasmodic constriction:—by Opiates—alone, or combined with Calomel and Antimonials, &c.—Electricity?

C. To evacuate inspissated bile, mucus, or biliary concretions, blocking up the ducts:—by Emetics,—Cathartics;—kinds of these most proper.

D. To remove scirrhus or other affections of the Liver itself, or of contiguous parts:—by Mercury,—Cicuta, &c.

E. To supply the want of bile in the alimentary canal,—and to assist in carrying off that which floats in the circulating mass:—by Bitters;—Antacids;—laxatives:—Diuretics and Diaphoretics.

Lastly, F. To support the strength, until the obstruction be removed:—by Food easy of digestion, and suited to the general circumstances of the patient's constitution, and natural cravings.

692. Observations on the nature, formation, and variety of biliary concretions, or Gall Stones, illustrated by specimens, &c.;—and on the remedies that have been proposed for dissolving them while lodged in the gall-bladder;—or ducts.—Remarks on certain articles recommended as possessing specific powers in the cure of Jaundice, viz. raw eggs;—combination of Æther and Oil of turpentine;—Ext. Taraxaci;—Dec. Gram. Canini;—Alkalies, supercarbonated and caustic.—Native vegetable acids, Nitric Acid, &c. &c.

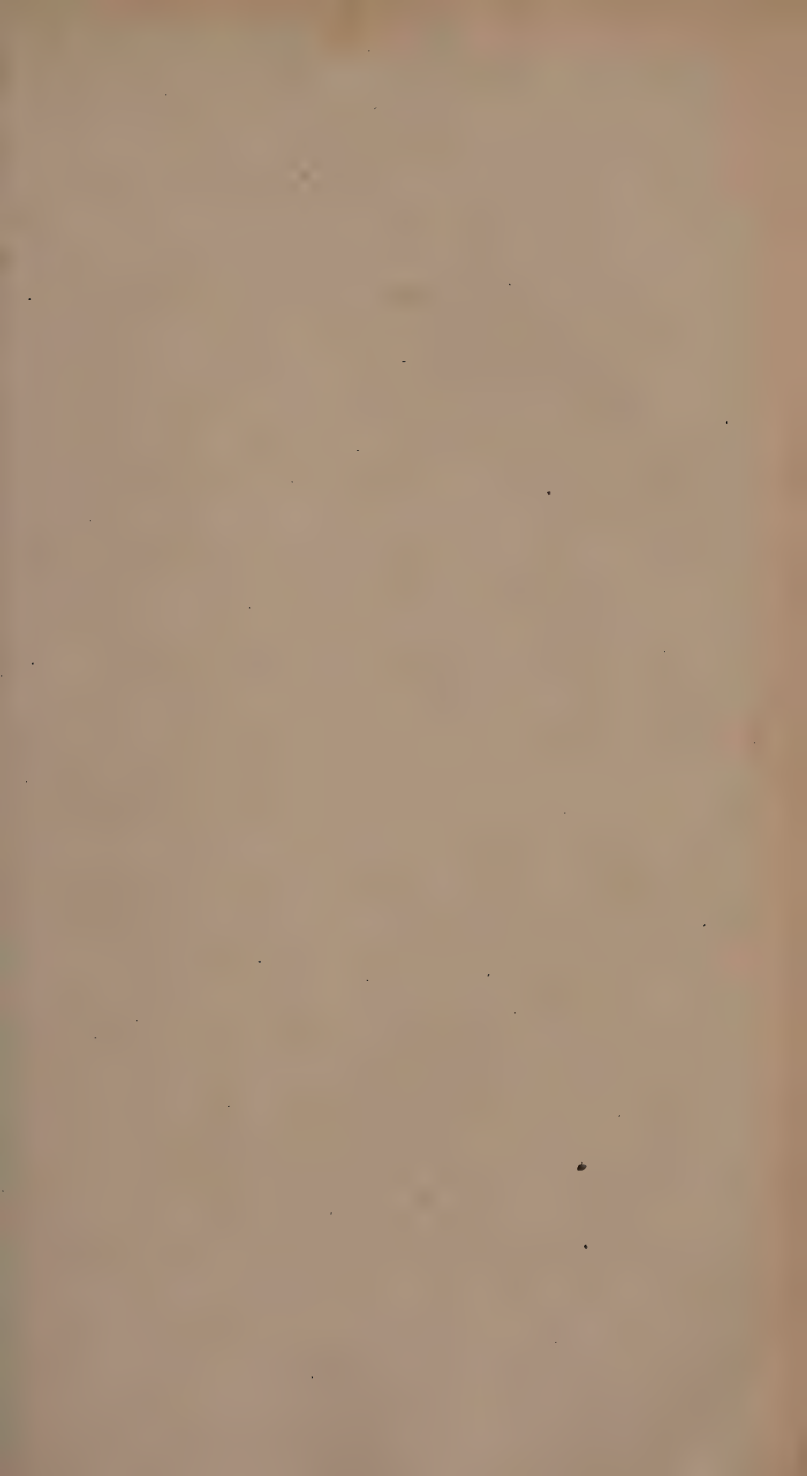
OF DIABETES.

693. SYN.—*Dipsacus*;—*Hydrops ad matulam*;—*Polyuria*;—*Chyluria*;—*Cachexia urinaria*? Origin and meaning of these terms respectively.

694. CHARACTER. Urine either having a saccharine quality,—being inordinate in quantity,—or both;—accompanied with dry or parched skin,—unusual craving for food and drink,—wasting of the flesh and strength,—and hectic pyrexia.

695. Detail of symptoms which generally attend the rise and progress of the disorder,—and the considerable variations which occur in individual cases.—Division of the complaint into two *species*, or rather, perhaps, into two distinct *forms*, viz. the *D. insipidus*, and *D. mellitus*,—with their characteristic marks,—the train of symptoms by which they are respectively accompanied,—their comparative frequency,—and the difference in their result.—Names designative of each proposed,—*Polyuria debilitans*,—and *Melituria tabifica*.

696. Chronological sketch of the disease, as noticed by different authors,—with an account of the principal theories offered by eminent physicians respecting its particular nature and seat, viz. by Aretæus,—Dr. Mead,—Dr. Home,—Dr. Cullen,—Dr. Dobson,—Dr. Darwin,—Dr. Rutherford,—Dr. Rollo,—Dr. Lubbock,—Dr. Watt.—Examination of these seriatim; and reasons for concluding, that the *two forms* (696) of the disease, respectively depend upon morbid states of different organs or functions.—Account of the appearances after death;—and application of them to illustrate and confirm this conclusion.—Strictures on the nosological



place assigned to Diabetes by Sauvages, and by Dr. Cullen.

697. PREDISPOSING CAUSE. Uncertainty respecting the precise nature of that state of the system which gives a tendency to the *Melituria tabifica*; but probability of its being often original and constitutional,—and therefore occasionally hereditary:—several striking instances of this related.

698. EXCITING CAUSES. Various and opposite ones mentioned by authors,—agreeing only in the circumstance of their ultimately weakening the tone and vigour either of the System at Large, or of particular organs, in persons already disposed to the disease,—*e. gr.* preceding complaints of the febrile kind, especially Intermitting Fevers;—the excessive use of cold watery fluids—or of articles acting particularly upon the renal secretion;—falls, blows, strains, or other injuries inflicted on the loins, and thereby affecting the kidneys;—torpid, or obstructed and sluggish state of the Liver;—&c.

699. PROXIMATE CAUSE—in *Polyuria debilitans* a state of the Uropoeietic vessels seemingly analagous to that of the exhalents in dropsy, (595);—in *Melituria tabifica* a perverted condition of the Digestive or Assimilatory functions, whereby the food is converted into blood of a loose texture, and of a quality neither fitted for the due nourishment and support of the body, nor for supplying the principles necessary to give the usual character and properties to the several secreted and excreted fluids.

700. DIAGNOSIS. This easy between Diabetes and any other disorder; and only necessary between the two forms of itself (695):—marks denoting these respectively.

701. PROGNOSIS.—To be drawn from the form of the disease,—its duration,—and consequences,—together with a consideration of the remedies already employed, and the effects they have had :—but, generally speaking, rather favourable in *Polyuria debilitans*,—and the contrary in *Melituria tabifica*.—Account of the unexpected, speedy, and fatal way in which the disease has occasionally been observed to terminate, with the appearances on dissection.

702. THE TREATMENT. — Necessarily different, accordingly as the disease consists merely in *augmented quantity*, or in *altered quality* of the Urine ;—or if these are combined, to the proportion of the one to the other. —The chief indications then, will be—

A. To increase or restore the perspiratory function, and thereby lessen the unusual determination to the kidneys ;—by Diaphoretics—the tepid bath ;—friction with oil ;—exercise ;—warm clothing ;—change of climate, &c.—

B. To correct the peculiar morbid state of the Chylopoietic or Sanguific functions, which occasions the saccharine quality of the Urine ;—by removing such obviously diseased action as may be detected in any of the organs concerned in this process, whether the Kidneys,—Stomach,—Liver,—Lungs, &c.—

C. To lessen or prevent the formation of saccharine matter, by abridging the use of Vegetables, or confining the patient almost entirely to Animal diet,—aided by medicines which seem the most remote from any thing like a vegetable acescent or saccharine quality,—*e. gr.* Sulphur,—Sulphuret of Potass,—Sulphurated Ammonia, &c.

D. To produce a sudden and general change of action

in the Sanguiferous System, by reducing the *quantity of blood* to a due balance with the *power of the vessels*,—by Venesection, repeated from time to time, according to the degree of effect observed to result from it.

E. To assist in restoring the body at large to its pristine vigour,—by various tonic remedies, as Cinchona,—Sulphuric Acid,—Bitters,—Chalybeates,—Cold bath,—&c.

703. Remarks on particular remedies recommended in Diabetes, with testimonies for and against them;—the principles on which their utility may be explained, and the *forms* (695) of the disease to which they would appear especially adapted;—Alum in various forms,—Catechu,—Uva Ursi;—Rhubarb;—Tinct. Cantharidis;—Blisters, and other stimulant applications to the loins;—tight belt;—issues and setons;—Aqua Calcis;—Sulphur, and its combination with alkalies:—Acidum Citricum Sodæ Muriate;—&c. &c.

URINARY CONCRETIONS.

704. SYN. *Lithiasis*, Vogel and Macbride.—*Calculus urinarius* Auctorum:—Anglicè *Gravel* and *Stone*.

705. Difficulty of giving any short and precise character to this disease, from the difference in Situation, Structure, and Sympathy, of the organs affected;—from the variety, both in number and degree, of the Symptoms;—from many which are thought characteristic, being found to arise from other causes;—and from Calculi being discovered after death, in the kidneys and bladder of persons who had never made any particular complaint indicative of their presence.

706. Usual symptoms of Calculus, or of the *lithopoeietic process* in the *Kidney*;—Pain in the region of

the kidney, increased on motion;—sometimes violent pain referred to the Stomach, accompanied with nausea and vomiting;—at others, dull pain stretching along the Ureter, with numbness of the thigh, and retraction or pain of the testicle on that side:—Urine variable, sometimes pale and copious,—oftener high coloured and scanty, and depositing a lateritious sediment,—minute red crystals,—pus,—or blood:—occasionally attended by pyrexia.

707. **CYSTIC CALCULUS** commonly marked by frequent, difficult, and painful discharge, sometimes with sudden suppression, and sometimes with constant stillicidium, of urine:—dull pain and sense of weight affecting the perinæum, urethra, and rectum;—itching or dull pain of the glans penis:—Urine as in par. 706, or loaded with mucus.

708. **DIAGNOSIS.** Circumstances serving to distinguish Lithiasis from the symptoms occasioned by Lum-bago,—stricture of the Urethra,—enlarged Prostate,—thickened bladder, &c.

709. **CAUSES:**—*Predisposing*,—a constitutional disposition strikingly prevalent in individuals,—often obviously hereditary,—very frequently connected with Gout, and commonly with Indigestion:—*Exciting*;—whatever tends either directly or indirectly to weaken the tone of the urinary organs, *ex. gr.* inflammatory irritation, whether arising spontaneously under general fever,—from cold applied to the loins and pelvis,—from gouty or rheumatic metastasis,—from mechanical injury, as blows, falls, strains, hard riding, &c.—or from articles specifically affecting the urinary passages, as Cantharides, Turpentine, &c.—the excessive use of neutral saline diuretics;—the use of hard water.—Long confinement to a recumbent posture;—too long retention of urine;—Sedentary inactive life;—Indigestion;—Foreign bodies

introduced into the bladder.—Why Women less subject to urinary calculi, especially of the bladder, than Men.

710. Account of the prodigious size, or great number of stones recorded;—the singular articles occasionally forming their nucleus;—the difference in their shape, colour, texture, &c.—and the variation observable in the same calculus during its increase;—illustrated by specimens.

711. Chemical examination of Urinary Concretions;—the variety in the kind, and proportion, of their component parts, connected with their external character, the symptoms they excite; and the state of the Urine;—explaining the efficacy of opposite anti-lithic remedies; and affording ground for their employment *a priori*.

712. Inquiry into the nature of the morbid state productive of Urinary Calculus;—its analogy to, and its frequent connection and alternation with Gout shewn; and reasons for believing, that they are only modifications of the same disease, as affecting organs differing in structure, functions, &c.

713. PROGNOSIS.—To be drawn from the age and constitution of the patient;—the duration,—degree,—and form of the disease;—its effects upon the general system, or the particular parts;—the kind of remedies already employed, and their result.

714. TREATMENT. The plan will be either *curative*, or *merely palliative*, according to circumstances. The general indications are,—

A. To mitigate urgent symptoms, as inflammation,—pain,—spasm, &c.—by Bloodletting general or topical;—warm bath;—fomentations;—laxatives;—Digitalis?—Opiates, alone or with Antimonials,—in glyster, &c.

B. To expel, dissolve, or otherwise remove Concre-

tions already formed ;—by mild diuretics,—mucilaginous diluents ;—articles possessing a chemically solvent power on calculi *out* of the body, and concluded to exert a lithontriptic one *within* it, *e. gr.* caustic and mild alkalies, in different forms ;—Lime Water ;—Soap ;—Acids, particularly the Carbonic and Muriatic ;—Phosphoric Acid ?—Proposal of injecting insolvents into the bladder,—and of performing Nephrotomy,—considered. Account of modes proposed to remove Calculi lodged in the Urethra, without cutting.

C. To correct that state of the System, or of the Urinary Organs, upon which the *formation* of Calculi depends (712),—by regulation of Diet and Regimen, adapted to the case ;—correcting morbid state of Digestion (See DYSPEPSIA) :—Uva Ursi, and other Astringents :—Turpentine and Balsams.

715. Remarks on particular remedies ;—Greenfield's combination of Cantharides in substance, and Camphor ;—Mrs. Stephens's solvent.—Chittick's nostrum, &c.

OF ASTHMA.

716. Derivation and meaning of the name.

717. GENERAL CHARACTER: difficulty of breathing recurring at intervals, accompanied with sense of straitness and oppression in the chest, and sonorous respiration; generally also with cough, at first short and difficult, but towards the end of the paroxysm more free, and often with copious expectoration of mucus.

718. Distinction between Dyspnœa, Orthopnœa, and Asthma; and the appropriate application of these terms to different states and forms of difficult breathing pointed out.

719. Division of Asthma into *idiopathic*,—and *symptomatic* (*A. hystericum*,—*hypochondriacum*,—*arthriticum*,—*exanthematicum*); and importance of this in a curative view.

720. Detail of symptoms which generally precede, accompany, and follow the paroxysm; and occasional variation of these, explaining the different forms it assumes, and accounting for the terms of *continued* and *periodic*,—*humid* and *dry*,—*catarrhal* and *spasmodic* asthma, given to it by authors.

721. CAUSES:—*Predisposing*—a peculiarity of constitution, especially with respect to the Lungs, and this often hereditary:—*Exciting*,—irritation from various organic diseases of the lungs, heart, diaphragm, &c.;—plethora;—distension of stomach?—sudden refrigeration, especially from cold air when the body is overheated:—breathing very hot, or otherwise rarified air;—inhaling various kinds of dust,—smoke, or acrid vapours;—mephitic gases;—metallic fumes;—certain conditions of the air, independent of temperature or moisture, and operating differently upon different patients; exanthematic metastasis, or suppression of customary discharges;—passions of the mind;—particular odours, &c.

722. Examination of the proximate cause of the Asthmatic paroxysm, as alledged by different writers; and investigation of its probable nature and seat, founded on a consideration of the symptoms, exciting causes, &c. and leading to a consistent plan of treatment.

723. DIAGNOSIS. Circumstances distinguishing Asthma from Catarrh, Croup, Hydrothorax, and Angina Pectoris;—and from the difficulty of breathing which sometimes attends Hysteria, Hypochondriasis, Intermit-

ting Fevers, &c. or is owing to foreign bodies accidentally getting into the trachea.

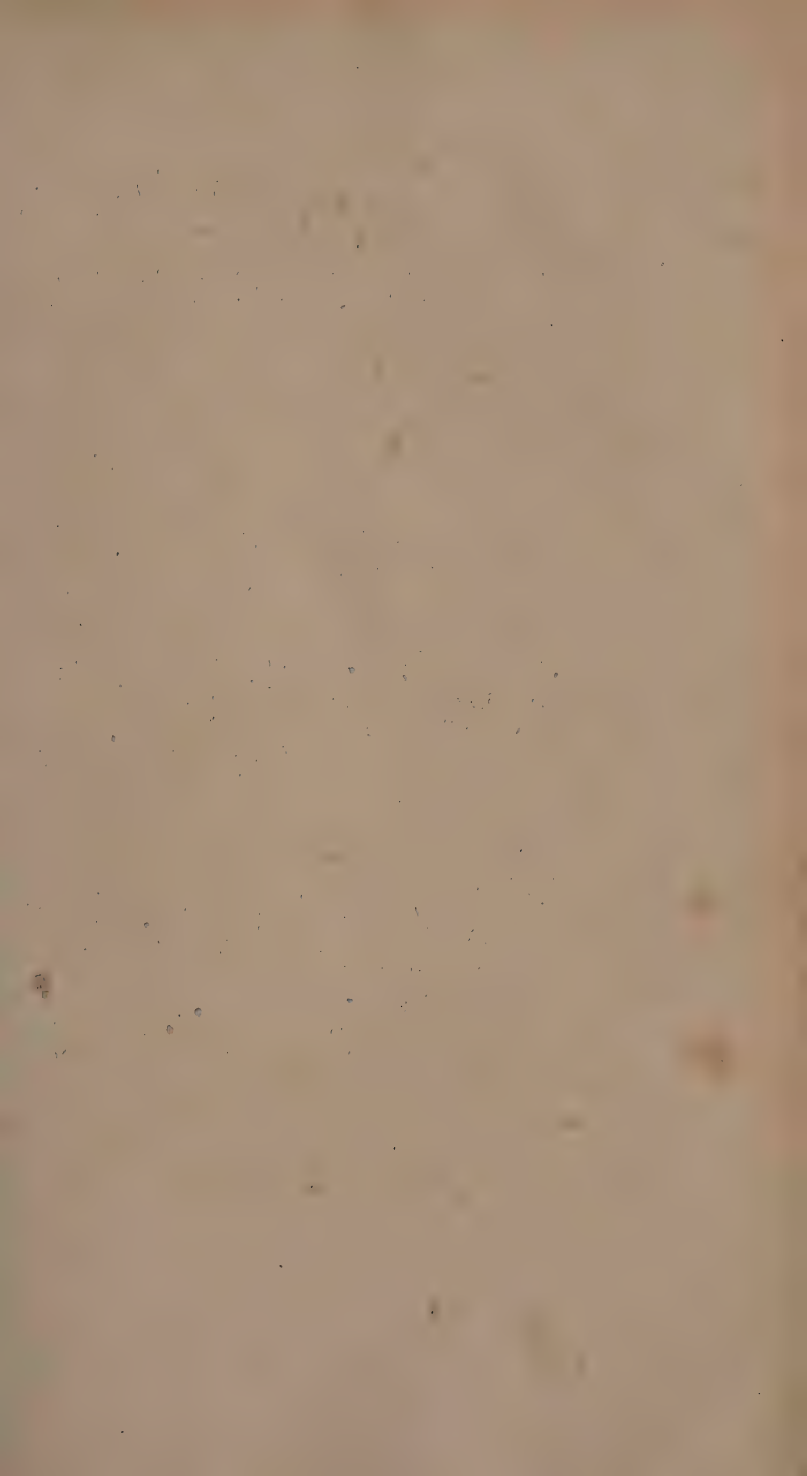
724. PROGNOSIS;—except where the constitution is unimpaired,—the disease recent,—not hereditary,—and arising from some metastasis,—generally unfavourable:—but often recurs with severity for many years, and seldomer proves fatal from the violence of the paroxysm, than from inducing hydrothorax, &c.

725. THE TREATMENT varies considerably accordingly as the disease occurs in a plethoric or exsanguious habit,—as it is idiopathic or symptomatic (719),—carrhal, or purely spasmodic (720). The general indications, however, are—

A. To remove such of the exciting causes as may still continue to act.—

B. To relieve urgent symptoms arising from *vascular repletion*,—by general or topical bloodletting;—cautions respecting the former;—and doubts as to the utility of the latter:—*from Spasm*,—by Opium,—Æther,—Ammonia, —Musk, —Camphor, —Cajeput Oil,—strong Coffee,—Cold Air and Drink,—Pediluvium,—Asafœtida, &c. —*from viscid phlegm*,—by nauseating Emetics, Ipecacuanha, Squills, Tobacco, Mustard;—Cathartics;—these either alone, or combined with Opiates, and sometimes given in clyster.

C. To recal to its original and proper seat and form, any other disease, upon the disappearance or metastasis of which the Asthmatic complaint had supervened;—or to compensate for it, by exciting some analogous action or discharge,—by Sinapisms, —blisters,—hot bath,—Emmenagogues, —Diaphoretics,—Sulphur; —Issues, —Setons.



D. To correct such cognizable morbid state of the system at large, or of any individual function, as appears to be connected with, and to aggravate, the asthmatic tendency;—by Cinchona,—preparations of Zinc, Copper, &c. cold bathing,—Cicuta,—Digitalis,—Diuretics,—Acids;—suitable diet and regimen.

726. Remarks upon particular remedies occasionally recommended;—Oxygen gas;—Arsenic;—metallic Quicksilver;—re-inoculation of the itch;—breathing Carbonic-Acid Gas, &c. &c.

OF WHOOPING COUGH.

727. SYN. *Tussis convulsiva* of most authors;—*Pertussis*, Cull.—Anglice, *Kink* or *Whooping Cough*; improperly *Chincough*.

728. CHARACTER. Frequent and violent fits of coughing, consisting of many successive short expirations, followed by one deep and loud inspiration, and these quickly alternating for several times,—generally ending with the expectoration of very tough phlegm, often with sneezing, and frequently with vomiting:—Evidently contagious;—usually epidemic;—affecting children more especially;—and occurring but once during life.

729. Mode in which the disease commences and proceeds; and variation of symptoms depending on constitution,—habit of body,—and preceding or casually accompanying complaints. — Division into the *Catarrhal*, and *simply Spasmodic* forms.

730. Inquiry into the nature and chief seat of the disease;—and arguments, both from analogy and facts, tending to shew,—that it has a definite period of duration in its *acute* and *contagious* state.—Division of it

into *two stages*, viz. the *Specific*, and *Habitual*; and the relative continuance of these;—explaining apparent difficulties, and directing to a consistent and successful plan of treatment.

731. CAUSES :—*Predisposing*—A constitutional susceptibility common to children, differing greatly in individuals, and rapidly diminishing by age :—*Exciting*—(*A.*) of the disease—the specific Contagion, probably exhaled and inhaled with the breath ;—(*B.*) of the *paroxysms*,—bodily exertion, as running, &c. distension of stomach,—indigestible food,—irritation of the lungs from smoke, &c.—passion of anger, crying.

732. DIAGNOSIS. — Difficulty of distinguishing Whooping Cough from Catarrh in the beginning : marks assisting to do this, where they are not combined.

733. PROGNOSIS. The disease especially fatal to infants,—to children born of phthisical or asthmatic parents,—and to those possessing general delicacy of frame, or reduced by preceding illness.—Unfortunate combination with Measles or Catarrh.—Epistaxis sometimes relieves ; but is often a mark of severe disease, and when copious or frequent proves hurtful.—Sometimes terminates suddenly in convulsions and death ; but the fatal event generally preceded by constant dyspnœa, livid colour of the face, extremities, &c.—Often brings on Phthisis, and mesenteric obstruction ; occasionally Jaundice :—common mode in which it probably acts.

734. Explanation of certain symptoms ;—and appearance of the lungs in fatal cases.

735. TREATMENT. When symptoms mild, little interference necessary,—there being no Antidote to the Specific Exciting Cause. The general indications are,—throughout the complaint, but especially—

IN THE FIRST STAGE (730) to mitigate urgent symptoms, whether (a) of the *Catarrhal*,—or (b.) of the *Spasmodic* kind (729);—(a.) by bloodletting, general or local, according to the degree of plethora, or of febrile irritation and dyspnœa present;—by Laxatives;—occasional nauseating Emetics, and Expectorants;—by Blisters;—mild Diaphoretics, &c.—Choice and management of these respectively.

IN THE SECOND STAGE,—to break the habit of recurrence, by lessening general or local irritability, and giving tone to the system at large:—by Opiates,—*Digitalis*,—*Cicuta*,—*Hyoscyamus*?—*Castor*;—*Musk*, &c.—*Cinchona*;—preparations of *Zinc*;—*Myrrh*;—*Chalybeates*, &c.—stimulant and opiate frictions, &c. to the stomach and spine;—change of air.—Cold bath.

736. Remarks on certain remedies occasionally employed, and on their *modus operandi* when beneficial:—*Dr. Burton's* combination of *Cinchona*, *Cantharides*, and *Camphor*; and improvement on his *formula*.—*Musculus pixedatus*.—*Roach's* embrocation.—Moderate impression of fear.

OF COLIC.

737. SYN. *Enterodynia*?—Derivation of the term Colic: includes a number of painful abdominal affections, differing widely in their particular seat and causes, and agreeing only in their

738. GENERAL CHARACTER of—deep-seated pain, occupying especially the epigastric and umbilical regions,—generally attended with costiveness, and sometimes with vomiting.

739. Division into species, according to its nature, or to its real or alledged

740. EXCITING CAUSES;—*e. gr.* flatus (*C. flatulenta—hysterica* ?);—accumulated fœces (*C. stercorea, —gravidarum*);—articles swallowed, and irritating the intestines from their indigestible nature, or their mechanical, chemical, or specific quality (*C. accidentalis*);—worms (*C. verminosa*) calculous or other concretions lodged in the colon (*C. calculosa*) or in the kidney (*C. nephritica*);—copious excretion of acrid bile (*C. bilosa*) gall-stones (*C. cholethica*; See JAUNDICE);—retention of the meconium (*C. meconialis*);—acidity of the primæ viæ (*C. infantum, —dyspepticorum*);—metastasis of gout, rheumatism, &c. (*C. arthritica, &c.*)—dentition;—cold applied, especially to the feet (*C. phlogistica*)—scirrhus or other coarctation of the intestinal tube (*scirrhus rectum, &c.*);—application of lead in various modes (*C. Pictonum*; Devonshire Colic;—*Dry Belly-ache* of the West Indies? &c.)—Periodical or Intermittent Colic.

741. Symptoms, &c. respectively denoting these several species.

742. PREDISPOSING CAUSE.—Constitutional or acquired irritability of the muscular fibres of the intestines.

743. PROXIMATE CAUSE.—Violent spasm affecting a portion of the intestinal canal, and preventing the ready descent of the fœculent or other contents.

744. THE PROGNOSIS must be drawn from—the age, constitution, and previous health of the patient,—the continuance, repetition, and degree of the disease,—and the known or probable causes giving rise to it;—but above all, from the absence or presence of inflammation

My dear Mr. [Name],

I have just received your letter of the 10th inst. and am glad to hear from you. I am well and hope this finds you the same.

I am very much interested in the progress of your work and hope to hear from you again soon.

I am, Sir, very respectfully,
Your obedient servant,
[Signature]

I am, Sir, very respectfully,
Your obedient servant,
[Signature]

Yours very truly,
[Signature]

I am, Sir, very respectfully,
Your obedient servant,
[Signature]

R. Sp. Ammon. Fct. ʒij. Mist Camf. ʒiv.
Syrapi Croci ʒj. M.

In C. Pictorum relieve pain & then re-
store the tone of the Aliment. Canal:
by 1st opium & the Warm Bath & by
2nd by purgatives -

or fixed obstruction.—*Favourable Symptoms*;—intermission of pain or occasional change in its seat;—slow, or but little quickened pulse;—pressure being easily borne, or giving relief;—fœculent evacuations.—*Bad Signs*;—Frequent retching;—obstinate costiveness;—tension of the abdomen, and pain on pressure;—pulse very frequent, small and hard:—hot dry skin, or partial clammy sweats;—dry brown tongue;—hiccup;—delirium.—Colic from lead often ends in tedious paralysis of the extremities, especially of the wrists. (See Palsy.)

745. TREATMENT. Although as far as the disease is merely dependant on Spasm, the plan of cure is simple and generally successful; yet from the very different nature of the Exciting Causes (740), a minute investigation of the rise, progress, &c. of the attack, is of great utility in directing particular measures.—The chief indications are—1st. To prevent or remove inflammatory action;—2d. To relieve pain and spasm;—3d. To procure free and fœculent evacuations;—4th. To guard against a recurrence of the disease.

746. Means calculated to fulfil these several indications respectively adapted to the particular species (733), degree, or stage of the complaint,—considered *seriatim*, under the heads of,—1st. Bloodletting, general or topical;—warm bath,—fomentations;—blisters;—2d. Aromatics:—Opiates by the mouth or anus;—3d. Cathartics,—*e. gr.* Magnesia Vitriolata,—Ol. Ricini,—Calomel, or the milder mercurial preparations,—Extr. Colocynth: Comp. &c. Rules for the choice and management of these; and particularly with regard to the circumstances under which cathartics are proper, or even safe.

747. Remarks on particular remedies occasionally employed in Colic;—Affusion of cold water on the lower extremities;—Clyster of tobacco smoke, or infusion?—Turpentine clyster;—Alum;—Sulphas Capri;—Petroleum, &c.

748. Means necessary to guard against future attacks, —Riding,—Sailing,—Friction,—Diet,—Regimen,—Clothing, &c.

OF TETANUS.

749. A general term, including *Trismus*, or Locked Jaw,—*Opisthotonos*,—*Emprosthotonos*,—and *Pleurosthotonos*: meaning of these respectively.

750. GENERAL CHARACTER. Spastic rigidity of the voluntary muscles, especially of the jaw, neck, and trunk of the body, accompanied with violent pain, and with occasional convulsive exacerbations:—without primary fever or affection of the sensorium.

751. Detail of symptoms marking the commencement and progress of the disease under the different forms enumerated above, (par. 749); and comparative frequency of these forms.

752. PREDISPOSING CAUSES.—Perhaps an original and constitutional tendency to cramp or spasm;—hot climate and season;—a somewhat peculiar, but yet unascertained, in the soil, air, &c. of certain countries;—and in a general way, whatever weakens the tone, and increases the mobility of the muscular system.

753. EXCITING CAUSES. Sudden refrigeration, especially when the body is overheated and perspiring. (*T. a frigore*)—Local irritation, from wounds, bruises,



&c. (*T. traumaticus*.) Acid or other saburra in the primæ viæ of infants.—Retrocedent or repelled gout;—suppressed menses.—Preceding *Colica Pictonum*, or Dry Belly-Ache.

754. Occasionally takes place as a symptomatic affection in tropical fevers (*T. febricosus*);—is sometimes also an anomalous form of hysteria (*T. hystericus*); and an effect of certain narcotic poisons.

755. PROXIMATE CAUSE.—Investigation of the peculiar morbid state of the Nervous System productive of Tetanus,—from a consideration of the predisposing and exciting causes; and its not being peculiar to Man:—and inquiry how far it depends upon the Brain, or upon the Sentient Extremities of the Nerves; with deductions from thence as to the treatment, compared with the result of experience.—Strong analogy in certain respects, and difference in others, between Tetanus and Hydrophobia; with conclusions, as to the means to be employed in the latter.

756. DIAGNOSIS. Circumstances distinguishing incipient Tetanus from Rheumatic affection,—from Convulsion,—Catalepsy,—or anomalous symptomatic spasm.

757. PROGNOSIS,—to be drawn chiefly from the disease occurring in a warm climate, or in a temperate or cold one;—its arising from general causes, or from local injury;—the violence of the symptoms, and the length of time they have continued;—together with the means already employed, and their effects.

758. TREATMENT:—this still vague and dissimilar from the obscurity of the Proximate Cause, and from the undecided superiority of any individual plan.—The general indications, however, are—

A. To remove such local irritation as appeared to excite the disease, and may still continue to act.—By cutting off the communication between the local source of irritation and the brain—(a.) by dividing the connecting nerves;—(b.) by destroying the diseased extremities of the nerves, with caustics, &c.—(c.) Inducing a temporary paralysis of them by sedative applications,—as Opium,—Lead?—Belladonna? &c.—(d.) Altering the peculiar nature of the irritation, by exciting a higher degree, or another kind of action in the part,—by Ol. Terbinthinæ,—Ol. Succini,—Cantharides,—Ammonia,—Mercurial preparations,—&c.—Examples of success and of failure in the use of these respectively.

B. To lessen the general irritability, and tendency to involuntary muscular contraction.—By Venesection, to diminish general fulness and tension of the vascular system:—question how far it is either indicated or useful in those places where the disease is most common;—circumstances under which perhaps it may be had recourse to.—(b.) Opium internally;—instances of prodigious quantities taken without obvious benefit.—(c.) Warm bath;—contradictory evidence respecting it.—(d.) Cold bath;—strong testimonies in its favour,—instances of its proving suddenly fatal;—cautions which appear necessary in its use. Quick alternation of hot and cold bath.—(e.) Cinchona,—Wine, &c.—the prophylactic probably superior to the curative power of these.—Digitalis;—highly deserving attention, as well from its general sedative power, as from its good effect in other convulsive and spasmodic diseases.

C. To restore the tone of the Nervous and Muscular Systems, and thereby guard against a relapse,



1890
The first of the year
The first of the year
The first of the year

The first of the year
The first of the year
The first of the year
The first of the year

The first of the year
The first of the year
The first of the year
The first of the year

The first of the year
The first of the year
The first of the year
The first of the year

The first of the year
The first of the year
The first of the year
The first of the year

The first of the year
The first of the year
The first of the year
The first of the year



—This indication fulfilled in part by *d*, and *e*, (A. 758)
—by change of climate, &c. friction,—exercise, &c.

759. Remarks on particular remedies occasionally recommended.—Electricity,—Galvanism;—friction with oil;—Tinct. Ferri Muriatis;—Arnica,—Camphor,—Petroleum,—Cicuta, &c.

760. Account of the *Trismus nascentium*, or Locked-Jaw affecting new-born infants;—the countries and circumstances in which it more especially occurs;—the points in which these agree;—the several causes alleged;—and the treatment found most effectual in preventing or curing it:—leading to the important conclusion—that in every form of Tetanic complaint, not only the alimentary canal, but certain organs *functionally* connected therewith, are a chief source either of primary or secondary irritation;—and explaining the superior utility of certain remedies, *e. gr.* Mercury,—Alcalies,—and Cathartics,—as acknowledged by writers of authority on the mere ground of experience.

OF APOPLEXY.

761. Derivation and meaning of the term.

762. CHARACTER. Sudden and considerable diminution of Sense and of Voluntary Motion, accompanied with Sopor resembling deep sleep,—often with slow stertorous breathing, and generally with Hemiplegia:—the motion of the heart and arteries continuing.

763. The attack usually preceded for some time by—occasional vertigo,—sense of fulness and pain in the head, noise in the ears,—stammering in speech,—numbness, involuntary agitation, and prickling sensation in the extremities, especially in one or other arm,

with redness, and swelling of the veins ;—flatulence and distension of the stomach and intestines ;—dyspnœa ;—great depression of spirits ;—drowsiness, especially after eating ;—disturbed sleep ;—night mare, and terrific dreams ;—flushing of the face and neck ;—throbbing of the heart and temporal arteries ;—temporary blindness, with appearance of sparks or flashes of light before the eyes.

764. PREDISPOSING CAUSES ;—a peculiarity of constitution, frequently hereditary, but oftener connected with dark eyes and hair, short neck, and corpulent habit, than with an opposite description of person.—Advanced age ;—sedentary life ;—full diet, and habitual though inconsiderable excess in the use of Wine and malt liquors ;—stoppage of customary discharges, as Epistaxis, Hæmorrhoidal or Menstrual flux, &c.

765. EXCITING CAUSES—whatever, under a state of predisposition (764), either—determines an unusual quantity of blood to the head,—prevents a free return of it from thence,—or directly impairs the energy of the Brain,—so as to produce—either Simple Congestion, or this followed by Serous Effusion, or by rupture of vessels, and Extravasation of Blood.—Existence of these separately and conjointly, shewn from dissections ;—with the symptoms respectively denoting the *probability* of their presence during life.

766. Individual Exciting Causes ;—and explanation of the modes in which they respectively act ;—Fits of Anger,—great heat,—Intoxication,—violent muscular efforts,—depending position of the head,—tight ligatures round the neck,—impeded respiration,—over-distension of stomach,—Tumours pressing on the superior Cava, or descending Aorta ;—Narcotic Poisons,—fumes of

Charcoal, &c.—peculiar state of Atmosphere;—Gouty metastasis,—Concussion, or other mechanical injury of the brain.

767. Account of various morbid appearances found in the Brain and its appendages after death;—and doubts on the generally alledged agency of most of these in *causing* the disease.

768. Facts proving the intimate *functional* and *sympathic* connection between the Brain and Liver; with new views of the cause and cure of the disease founded on these.

769. PROXIMATE CAUSE.—Compression and torpor (or the converse) of the Brain;—and consequent defect of nervous influence in the organs of Sense and Motion.—Illustration of this from cases recorded by Boerhaave, Kirkland, &c.; and the universality of it shewn.

770. DIAGNOSIS. Circumstances distinguishing *idiopathic* Apoplexy from Lethargy,—from Epileptic Sopor,—from Hysteric Carus, and Catalepsy,—from Typhomania or febrile stupor,—from the *symptomatic* Apoplexy caused by Inebriation, Narcotic Poisons, Mephitic Vapours, General Dropsy, Ischuria Vesicalis, Hydrocephalus, &c.

771. Common division of Apoplexy into the *sanguineous* and *serous*; and the different ideas attached to these terms by different authors. True grounds of the distinction; and utility of it in a curative view.

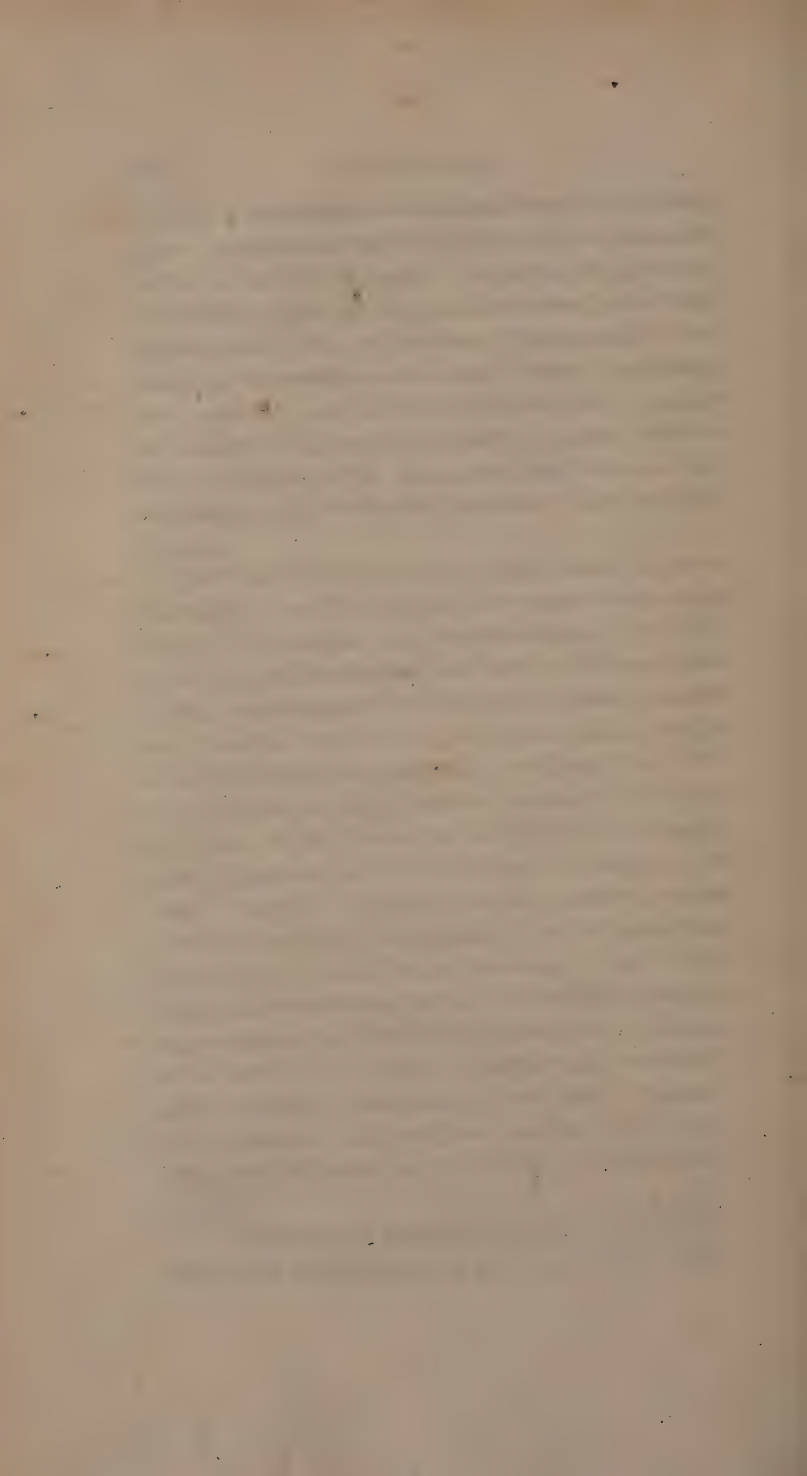
772. Apoplexy and Paralysis compared, and shewn often to differ rather in their extent and degree, than in their nature. Examination of Dr. Kirkland's opinion respecting the special seat of each.

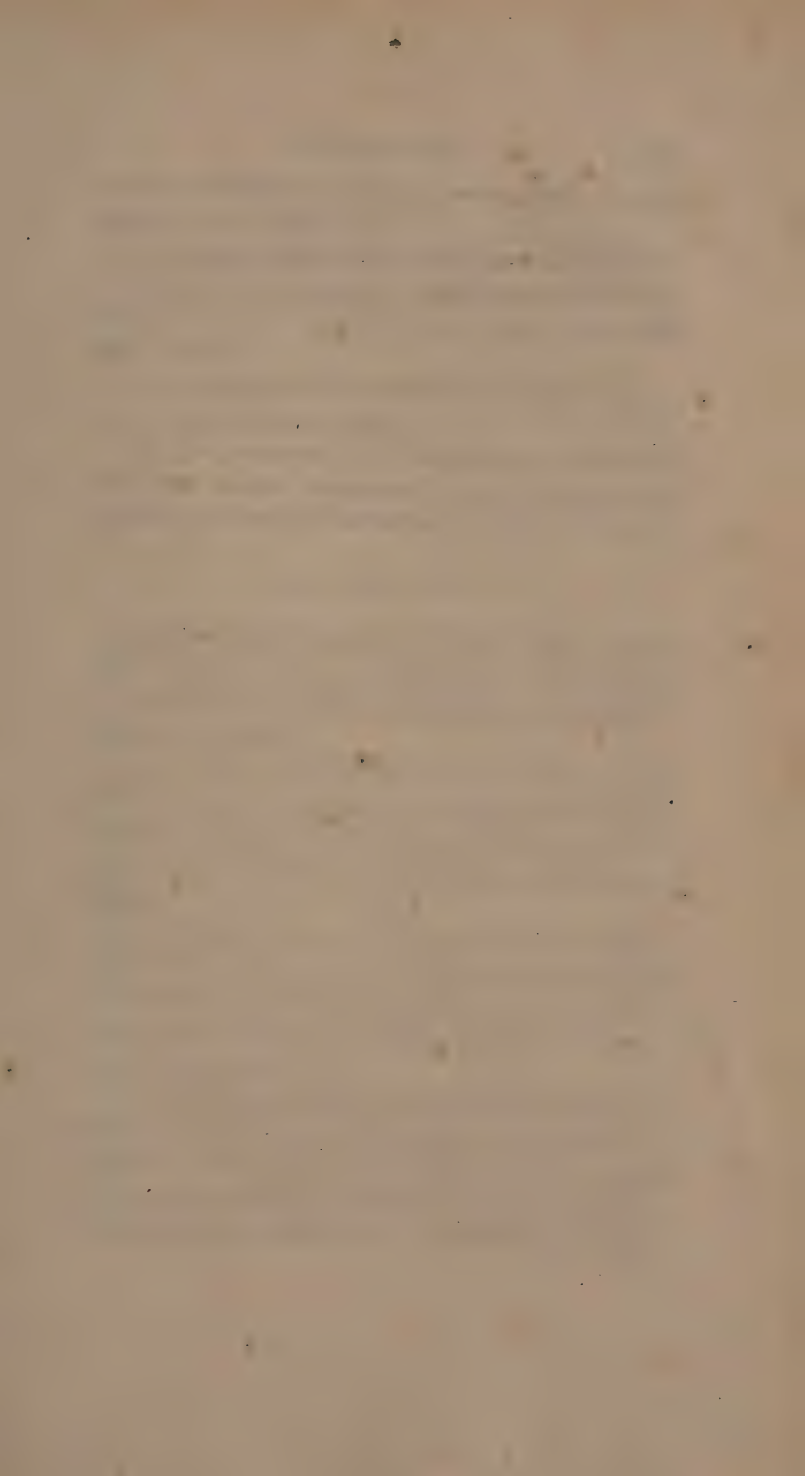
773. **PROGNOSIS**—to be drawn from—the patient's age,—constitution,—habit of body,—and previous mode of life;—the exciting cause;—the degree of the disease;—its being a first attack—or a recurrence;—its being accompanied with, or free from, Hemiplegia or Convulsions.—Sometimes on a smart Fever supervening, with delirium, and general diaphoresis, the Apoplexy is removed; but more frequently, pyrexia indicates local irritation in the Brain, and fatal result.—Circumstances under which one or the other more especially happens.

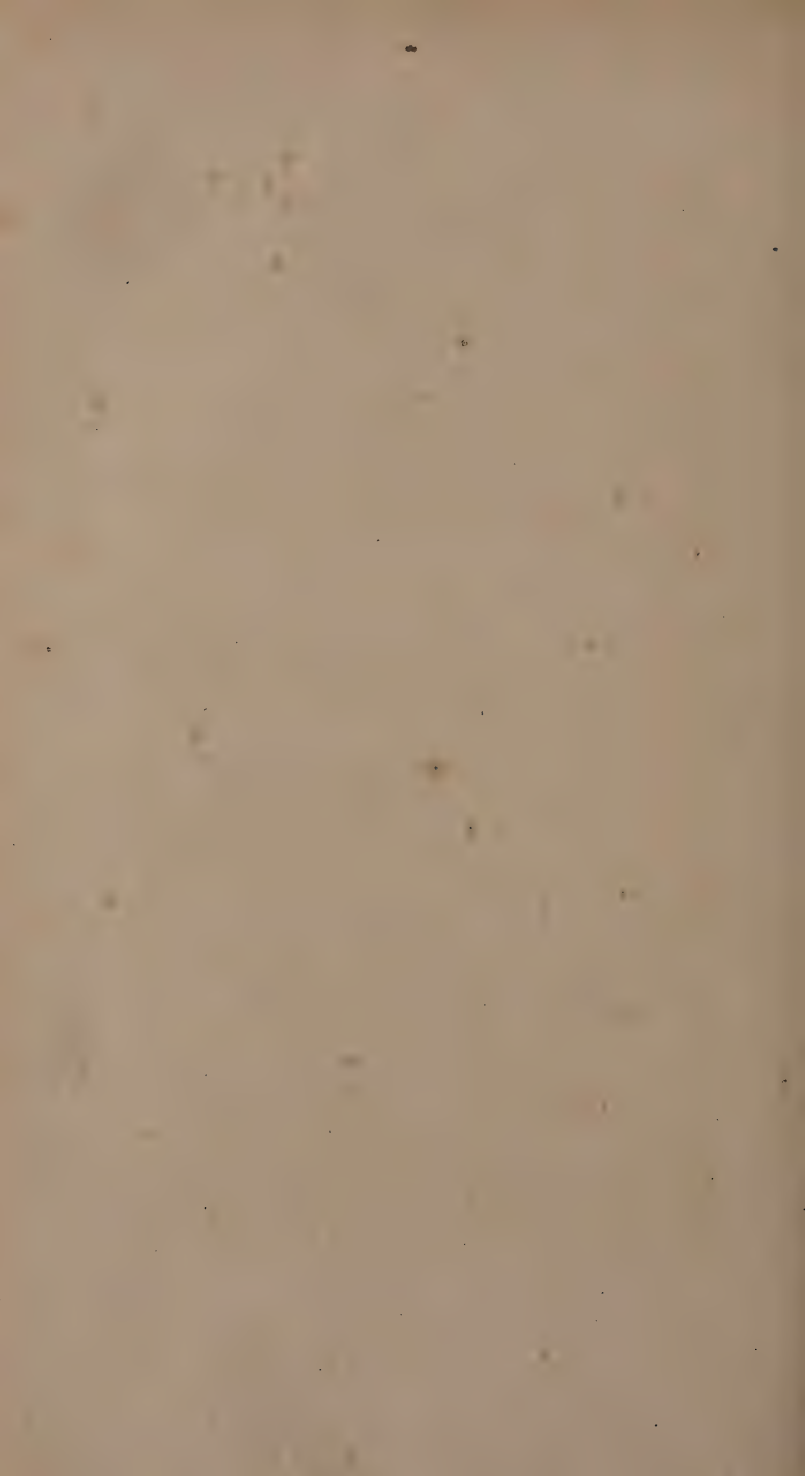
774. **THE TREATMENT** will chiefly consist in means calculated—1st. To remove the compression,—and 2dly, to re-excite the energy of the brain;—*e. gr.* General or local bloodletting,—or both;—different modes of this,—and respective advantages of bleeding from the arm, from the jugular vein, or temporal artery,—or by means of leeches, cupping, &c.—with the *form* (771) of the disease to which each is especially suited, and the extent of the evacuation.—Regulation of temperature; application of cold to the head.—Position of the body.—Purging; importance of this,—different modes in which it operates, and regulation of the quantity and *kind* (763) of the discharge, according to the circumstances and stage of the disease;—with the articles most proper under each, and the mode of using them.—Blisters to the head or its vicinity.—Diaphoretics,—choice of these.—Blisters or Sinapisms to the feet.—Stimulants of the diffusive kind, and not exerting any narcotic effect upon the brain,—*e. gr.* Ammonia,—Serum Sinapicos, &c.

775. Remarks on particular remedies sometimes recommended in Apoplexy,—*e. gr.* Sternutatories, Eme-









tics, &c. and the circumstances under which they are proper or safe, pointed out.

776. Supplying the lungs with Oxygen Gas proposed, to carry off the accumulated Carbon with which the arterial blood is evidently loaded: most convenient mode of this.

777. Management after recovery, as to diet, exercise, &c. to guard against a relapse.

778. The treatment of the Hemiplegia or other paralytic state, so often accompanying, and remaining after Apoplexy, properly fall under the next general head.

OF PARALYSIS.

779. Origin and meaning of the word.—SYN. *Resolutio nervorum*; CELS.—*Neuralysis*, vel *Myalysis*?—A general term comprehending various species of nervo-muscular incapacity.

CHARACTER.—The motion of one or more of the Voluntary organs or parts of the body, greatly diminished or entirely suspended, often with impaired sense of feeling;—and independently of inflammation, or mechanical stiffness.

780. General view of the nervous functions as exercised by the Brain.—by the Nervous cords,—and by their Sentient Extremities respectively; and explanation of the forms of Paralysis, whether of *Motion*, of *Sense*, or both, founded on this.

781. Nosological division of Paralysis into species, as affecting half the body longitudinally (*Hemiplegia*)—transversely (*Paraplegia*),—or individual *parts* or muscles, as of the arms or legs (*Paresis*), the tongue, glottis, eye-lids, rectum, bladder, &c.—or,—as affecting particular

organs of *sense*; as of touch (*Anæsthesia*), of vision (*Amaurosis*, *Gutta serena*), of smell (*Anosmia*), of taste (*Agheusia*), of hearing (*Dysecoea*), &c.—Comparative frequency, and occasional combination of these.

782. **PREDISPOSING CAUSE**; A peculiarity in the Nervous System, not definable, but oftenest affecting the Brain,—and then generally connected with Apoplectic tendency (764).

783. **EXCITING CAUSES**,—Whatever occasions lesion of substance,—compression,—or torpor of the nerves, whether at their *source*, in their *progress*, or at their *extremities*; as wounds,—contusions,—fractures,—pressure from tumours,—from partial congestion,—or from hæmorrhagic, suppurative, or watery effusion;—stoppage of customary discharges;—repulsion of eruptions;—gouty metastasis;—convulsions;—violent anger, terror;—grief;—cold;—application of lead (*Colica Pictorum*),—of Arsenic?—of Quicksilver? &c. Belladonna.—Sympathetic influence of intestinal irritation:—long continued Rheumatic pain:—Epidemic influence?—Various other causes inducing general debility in persons predisposed to Paralysis.—Illustration of these respectively from histories and dissections; and the modes in which they severally appear to act.

784. **Inquiry into the PROXIMATE CAUSE OF PARALYSIS**, as deducible from obvious morbid states of the Brain or Nerves discovered on examination after death; and difficulties still attending this, as well from the occasional absence of such perceptible states under actual Paralysis,—as from the frequent presence of them where no Paralysis had existed: General conclusion on this head.

785. Explanation why, in paralysis depending on the Brain, the *Cause* is very universally found on the side *opposite* to the paralytic affection:—exception to this.—Extensive field still open to Anatomical investigation on this subject; and great importance of it shewn, as the only means of ascertaining, not only the *morbid influence*, but likewise the *natural functions of the Several Parts of the brain*.

786. The **DIAGNOSIS** between Paralysis, and loss of voluntary motion from mechanical stiffness, or muscular inflammation, generally obvious; but these sometimes combined.—Paralysis also, occasionally attended with violent pain, rheumatic swelling, and spasms or tremor of the affected parts.—Essential distinction between *transitive or periodic*, and *continued* Paralysis.

787. **PROGNOSIS.** This very different according to the *form* (781),—the *degree*,—and the *cause* of the affection; but generally unfavourable in Hemiplegia, especially in elderly, debilitated, or intemperate persons.—*Bad signs*,—gradual and progressive loss of feeling, with coldness and wasting of the parts.—*Good signs*,—prickling sensation,—flushing heat,—spasmodic twitching,—rheumatic and inflammatory swelling supervening.—Hemiplegia sometimes removed by spontaneous Epistaxis, or Hæmorrhoidal flux:—common explanation of the latter objected to, and another proposed.

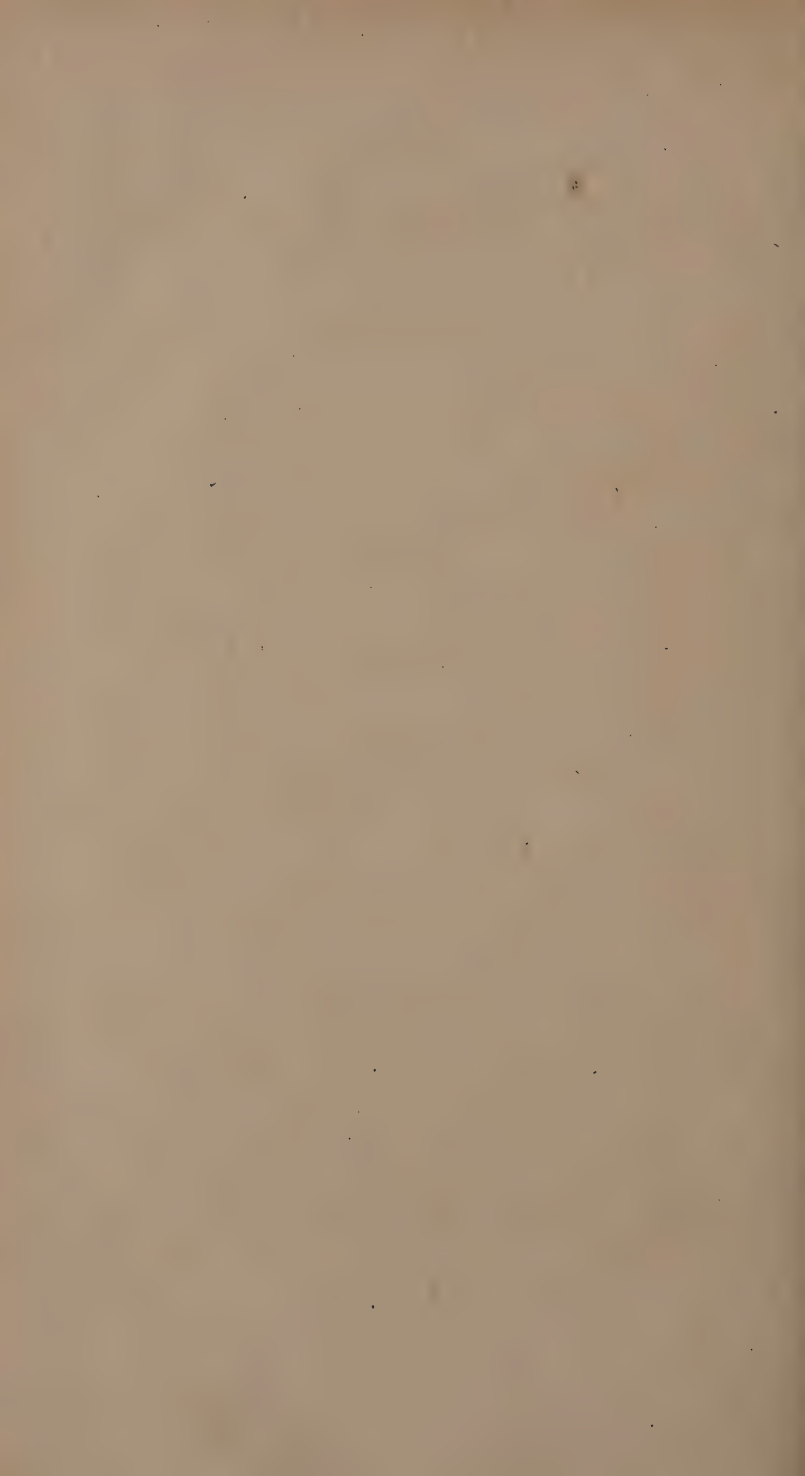
788. The **TREATMENT** NECESSARILY VARIOUS, not only accordingly as the morbid state exists—(a.) in the Brain,—(b.) in the Nervous Cords,—or (c.) in the Sentient Extremities;—but also as its Exciting Cause (783) may be *fired* or *removeable*,—or its Proximate

Cause consist in *change of structure*, or merely in *suspended function*:—whence the importance of previously investigating these points. The general indications then will be—1st, To remove any cause of compression still operating, whether from vascular turgescence, extravasation, effusion, tumour, &c.—2dly, To gradually re-excite the torpid portion of the Brain or Nerves to a sensible and active state.

789. Means adapted to these respectively; topical bleeding,—blisters,—setons,—issues:—remedies tending to equalize the distribution of the blood, and promote absorption, *e. gr.* mild diaphoretics;—gentle diffusive stimulants, as Liq. Ammoniae Acetatis,—Ammoniae Carbonas,—Semen Sinapeos,—Infus. Armoraciae.—Bals. Peruvianum,—Ol. Terebinth, &c. External heat, by—tepid bathing, *laconicum*.—Electricity.—Stimulating the superficial nerves by warm plasters, Cantharides, *urticatio*?—Linimentum Ammoniae,—*Epithema Terebinthinae*,—*Ung. Acidi Sulphurici*,—*et Linim. Sinapeos Ph. Nos. Guy.*—Friction;—Regulation of Exercise, of Diet, and Clothing.—Change of climate.—Cold bath.—Tonics.

790. Adaptation of these remedies to the particular *Seat and Degree* of the disease (781) as well as to the nature and operation of the ascertained or probable *Exciting cause* (783), pointed out in the principal forms of the disease, *e. gr.* *cerebral*,—*chordal*,—and *extremital*, either separately or conjointly.—Strictures on the common, early, indiscriminate, and often pernicious employment of powerful stimulants, whether local or general; and directions for their management.

791. Observations on the use of Emetics,—Opium,—Arnica,—Rhus Toxicodendron, &c. strongly recom-



mendedd by some ;—with an account of the success attending the gentle and repeated operation of particular cathartics.

OF EPILEPSY.

792. Etymology of the term.—SYN. *Morbus sacer, comitalis, sonticus*, &c. meaning and origin of these names.—Anglicè *Falling Sickness, Fits*.

793. CHARACTER. Sudden privation of Sense, accompanied with unusual Motions,—generally with violent Convulsion of all the Voluntary Muscles, and frothing at the mouth, followed by drowsiness or Sopor, great fatigue, and entire oblivion of the fit:—recurring at various intervals,—and often attacking during sleep.

794. Variety which takes place in the disease in different cases, and even in the same at different times,—with respect to the *degree* and *frequency* of the paroxysm,—to its coming on without warning, or being preceded by certain sensations referred to the head itself, or to distant parts (*aura epileptica*);—and lastly, to its effects upon the faculties of the mind and body:—illustrated by cases.

795. PREDISPOSING CAUSE.—A peculiarity of condition with respect to the Brain,—and probably also to the Nervous System in general;—perhaps always more or less connected with Original Conformation, and, therefore, often hereditary.—Male sex?

796. EXCITING CAUSES.—Whatever, under Epileptic *tendency*, either impairs the tone and vigour of the Nervous System in general, and of the Brain more particularly,—or communicates any mechanical shock, or

any very violent and unusual impressions to the Sensorium;—as blows, falls, or other external injuries;—exostoses, tumours, abscesses, or ossific deposit, within the brain or on its containing parts;—similar causes affecting the Nervous Cords, or their Sentient Extremities, *e. gr.* parturition,—dentition,—worms in the alimentary canal, &c.—Mercurial and Arsenical irritation?—Tickling,—Venereal orgasm;—Sudden terror,—violent anger,—Intense Study.—Whatever disturbs the due balance of the Circulation, whether by occasioning excess or defect of blood in the head; as Inebriation,—Narcotic Poisons;—spontaneous Plethora, or the stoppage of customary discharges, whether of blood or other fluids;—Inanition:—Nervous Irritation in the eruptive stage of Small Pox, &c.—Artificial Repression, or Spontaneous Metastasis of various eruptive and other diseases, both acute and chronic.—Imitative propensity, particularly conspicuous in Children and Women.—Modes in which these may respectively be presumed to act.

797. PROXIMATE CAUSE. The nature of this extremely obscure, perhaps inscrutable;—not only as consisting in a *diseased action* of certain organs, with the natural and healthy operations of which we are little acquainted,—but as being, in different cases, connected with *opposite* External Conditions of the body, and removed by means tending to correct these respectively. Attempt to elucidate this point, by a consideration of the nice balance of functions necessary to general health; and the different effects that ultimately result from *inequality in their degree*, or from *derangement in the order of their succession*, according to the original disposition, or the acquired tendency of the human system.

—Explanation both of the periodic and accidental recurrence of Epilepsy upon this principle.

798. Enquiry into the nature of the *Aura Epileptica*;—and enumeration of circumstances tending to shew, that this sensation may arise from primary irritation of the Brain, giving a false reflex feeling of impression made upon distant parts.—Importance of determining this point, as occasionally necessary to direct certain measures in the treatment, where such sensation occurs.

799. DIAGNOSIS. Remarks on the distinction made by Sauvages between *Epilepsia* and *Eclampsia*, and by Dr. Cullen between *Epilepsy* and *Convulsion*; and doubts of its validity.—Circumstances serving to discriminate genuine Epilepsy from Hysteric Convulsion (*Eclampsia Hysterica*, Sauv.); and from the feigned Epilepsy (*Ep. simulata*) of mendicant impostors.

800. Strictures on the numerous Nosological subdivisions of Epilepsy, as arising from individual exciting causes ascertainable only by dissection;—and arrangement of it in a *practical* and *curative* view, under a few general heads, viz. as proceeding primarily from the Brain (*Ep. idiopathica*,—*spontanea*,—*cerebralis*); from remote irritation (*Ep. symptomatica*,—*verminosa*,—*calculosa*,—*parturientium*, &c.);—from the effect of certain poisonous matters operating upon the Nervous System. (*Ep. accidentalis*,—*venenosa*,—*febricosa*, &c.);—from misplaced or metastatic morbid action, in various constitutional diseases liable to that kind of aberration. (*Ep. exanthematica*, &c.) from inherent propensity to imitation. (*Ep. sympathica*.)

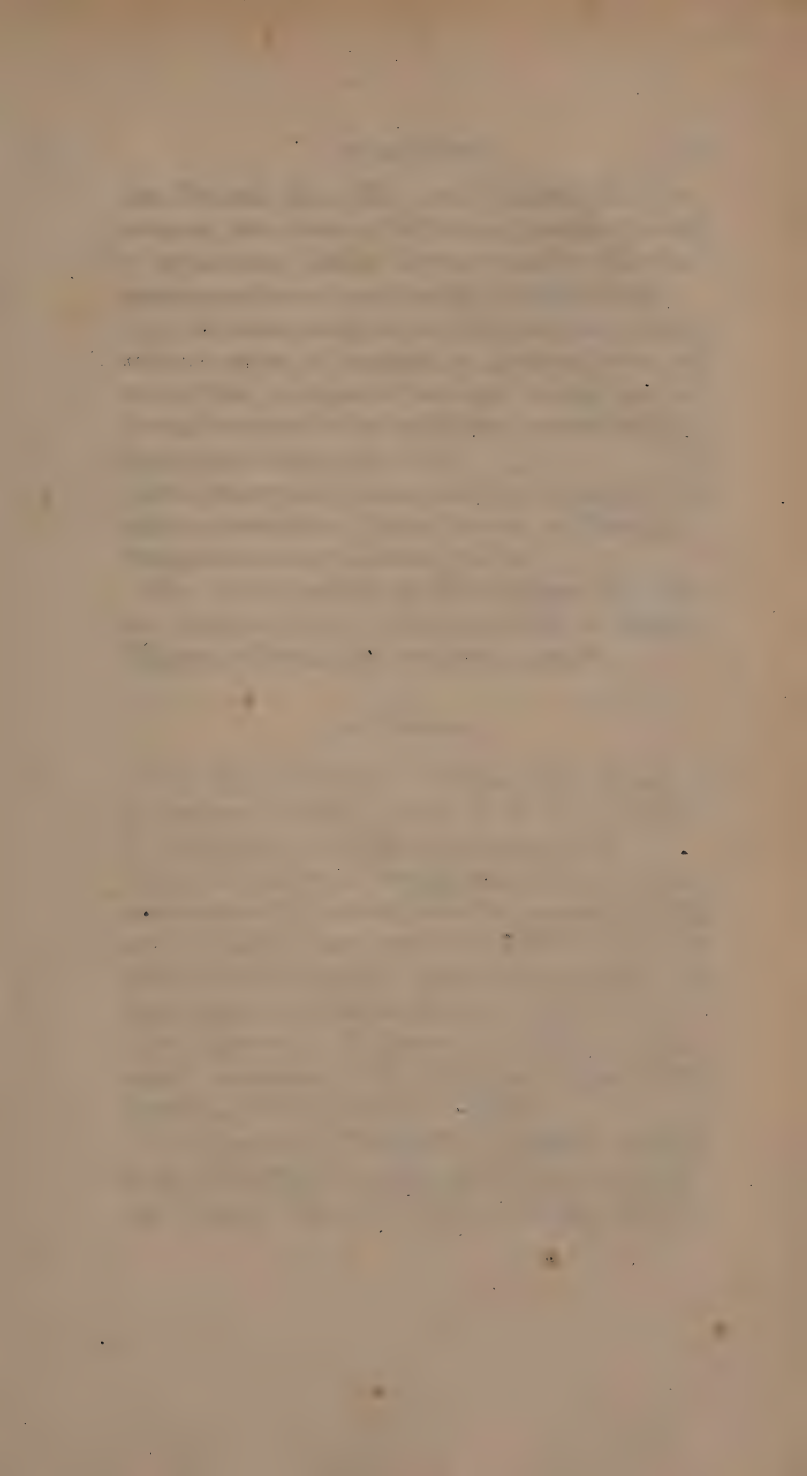
801. PROGNOSIS,—To be drawn from the age,—constitution,—and habit of the patient;—from the dis-

ease being spontaneous, symptomatic, or accidental (800);—from the degree,—the frequency,—and the habit of its recurrence;—from its duration,—the effects it has produced,—and its being accompanied by, or alternating with, other complaints, &c. Always unfavourable where hereditary,—where with a particular shape of the head,—where it has impaired the memory or judgment,—has arisen from any violent shock, whether mechanical or mental—or has passed over the period of Puberty without being suspended.—Has sometimes been removed by Intermitting and other fevers, or by Eruptions on the skin:—Often induces fatuity,—occasionally mania, and now and then terminates in Apoplexy, Paralysis, or Hydrocephalus.

802. TREATMENT. But little can be done during the fit when violent, except restraining the patients from injuring themselves: best modes of this.—In the intervals, the plan must be conducted upon the general principles laid down in par. 800.—

A. Of lessening or removing the particular Exciting Cause (796), if any such exist:—The means of fulfilling this—(as far as practicable), deduced from par. 796—with instances of their success.

B. Of correcting the obviously morbid state of the body in general, or of particular organs—whether consisting in plethora, or inanition,—in irritability,—in torpor,—or in cachexia;—by bloodletting general and topical; various modes of, and their advantages respectively under certain circumstances:—Issues, Setons, Blisters.—Generous diet.—Various metallic and other tonic, sedative, and antispasmodic remedies; *e. gr.* preparations of Zinc, Copper, Silver, and Iron:—Cold bath, exercise, friction:—Opium, Hyoscyamus, Vale-



rian, Digitalis, &c.—Milk and Vegetable Diet;—or continued slow course of Alterative remedies directed by the particular kind of Cachexy present.—Recalling certain eruptions or excretions that had disappeared.

C. Of disconnecting the *morbidly* associated impressions and actions, by changing the previous habits and mode of life, to opposite and more natural ones;—Examples and authorities on this head, corroborating the principle laid down in par. 797.

803. Observations upon certain *reputed* specifics, Viz. Agaricus muscarius,—Viscus Quernus or Misseltoe,—Orange-tree leaves,—Cinnabar, &c. &c.

804. Of the beneficial effects arising from the moderate impression of fear in the Sympathetic or Imitative Epilepsy;—illustrated by remarkable examples.

OF CHOREA.

805. SYN. *Scelotyrbe* of Galen, &c.—*Chorea* of the moderns;—Gallicè, *Danse de St. Guy*.—Anglicè *St. Vitus's dance*.—Origin of them respectively.

806. CHARACTER. Irregular, *involuntary*, and ludicrous motion of the *voluntary* muscles, generally affecting one or other side more especially;—without pain,—or obvious bodily complaint; occurring in both sexes, and chiefly between ten and sixteen years of age.

807. Account of the manner in which the disease usually commences,—the variety and degree of the symptoms, and the period of its duration.

808. CAUSES;—*Predisposing*,—a peculiar condition of the Brain, generally connected with irritable and delicate frame of Body and Mind;—*Exciting*—whatever

weakens the system, or induces morbid irritation;—as Fevers,—Rheumatitis,—Terror,—Worms or saburra in the alimentary canal,—retrocession of eruptions, &c.

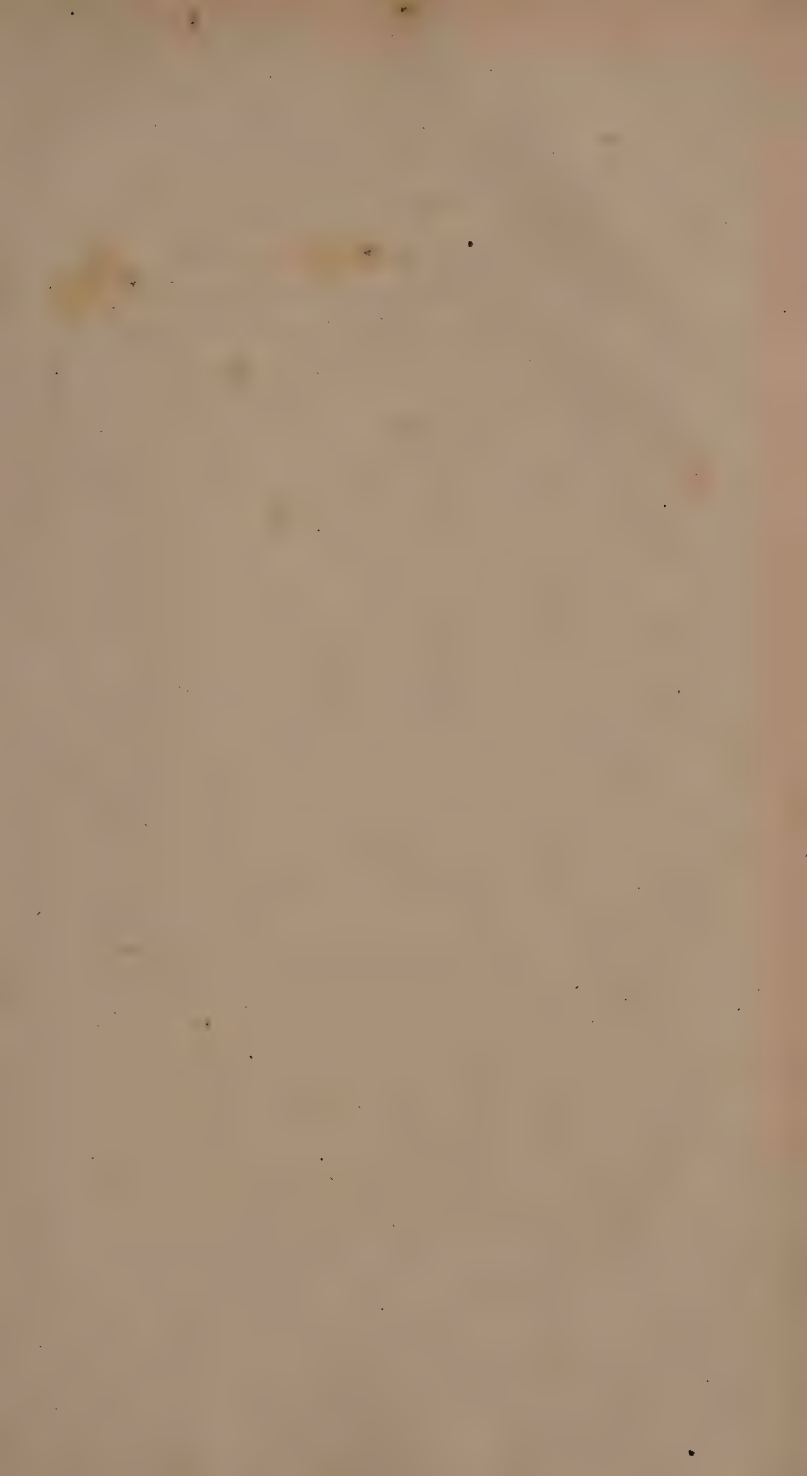
809. PROXIMATE CAUSE—obscure; but evidently connected with muscular mobility, and defective power of volition; with reasons for believing, that these arise from irritation of the brain, and this irritation *generally* depending on Congestion.

810. DIAGNOSIS easy between Chorea and other spasmodic diseases occurring during adolescence; but sometimes confounded with slight Hemiplegia in adults; and is occasionally a symptom of Hysteria in grown women.—Account of some curious epidemic disorders resembling Chorea, which have prevailed in certain countries from the influence of superstition and fanaticism.—Description of the *Chorea simulata*, or *Tarantism* of Italy.

811. PROGNOSIS.—Chorea, though sometimes obstinate, is often cured spontaneously; and unless extremely violent, is seldom attended with any danger: but occasionally alternates with Acute Rheumatism (*Rheumatitis*) or is converted into Epilepsy, Paralysis, or Maniacal delirium.

812. TREATMENT deducible from 809, is supported by general experience; and consists in—

A. Removing any morbid irritation present, whether from General Plethora, Cerebral congestion, or Sympathetic Erethism;—by Venesection? Doubts respecting the existence of general plethora in Chorea, and strictures on the practice of Sydenham.—Cupping,—Leeches,—and Blisters near, or upon the head.—By Purging;—great benefit of this in most cases of Chorea; and





examination of the mode in which it acts, and the articles most effectual for the purpose.—Recalling eruptions or discharges that had been suppressed.

B. Lessening the mobility of the Nervous and Muscular Systems in general, by allaying the morbid, and exciting a natural degree and kind of action in them;—by Opiates, —alone or with Diaphoretics :—Digitalis;—Stimulants; Electricity;—Tonics, —especially the preparations of Zinc,—Iron,—Copper,—Arsenic?—Argentum Nitratum;—Cinchona,—Myrrh;—Cold bath,—Affusion of cold water on the head :—Friction,—Muscular Exertion, &c.

OF HYSTERIA.

813. Origin of the term *Hysteria*.—SYN. *Metromania*;—Fr. *Vapeurs*;—Angl. *Fits of the mother*, *Hysterics*.

814. CHARACTER.—So great is the number, so varied the kind, and so rapid the change of symptoms in *Hysteria*, as to render a concise character extremely difficult;—there being few diseases of the Nervous-Class, which are not occasionally imitated by, or connected with, *Hysteric* affection. The paroxysms, however, (which occur without any regularity) generally preceded by lassitude,—coldness of feet,—copious discharge of pale urine,—pain in the head, loins, or stomach, attended with borborygmi, globus hystericus, difficult breathing, feeling of strangulation, loss of sense, and violent Convulsions, Coma, or *apparent* Syncope, &c. and often end in fits of alternate laughing and crying.

815. The paroxysm sometimes alternates with the loss of voice (*Aphonia hystERICA*),—temporary para-

lysis of particular parts (*Dysphagia*,—*Ischuria*, &c.)—*Carus*,—*Catalepsy*,—and various forms of mental derangement, *e. gr.* *Nymphomania*,—*Fatuity*, &c.

816. PREDISPOSING CAUSE,—a certain Mobility of the Nervous System, almost peculiar to females,—especially those of a sanguineous, plethoric, and irritable habit;—occurring chiefly between the age of 14 and 40 years,—and often obviously connected with some irregularity of the uterine function (813).—More frequent in cold than in hot climates:—probable cause of this.

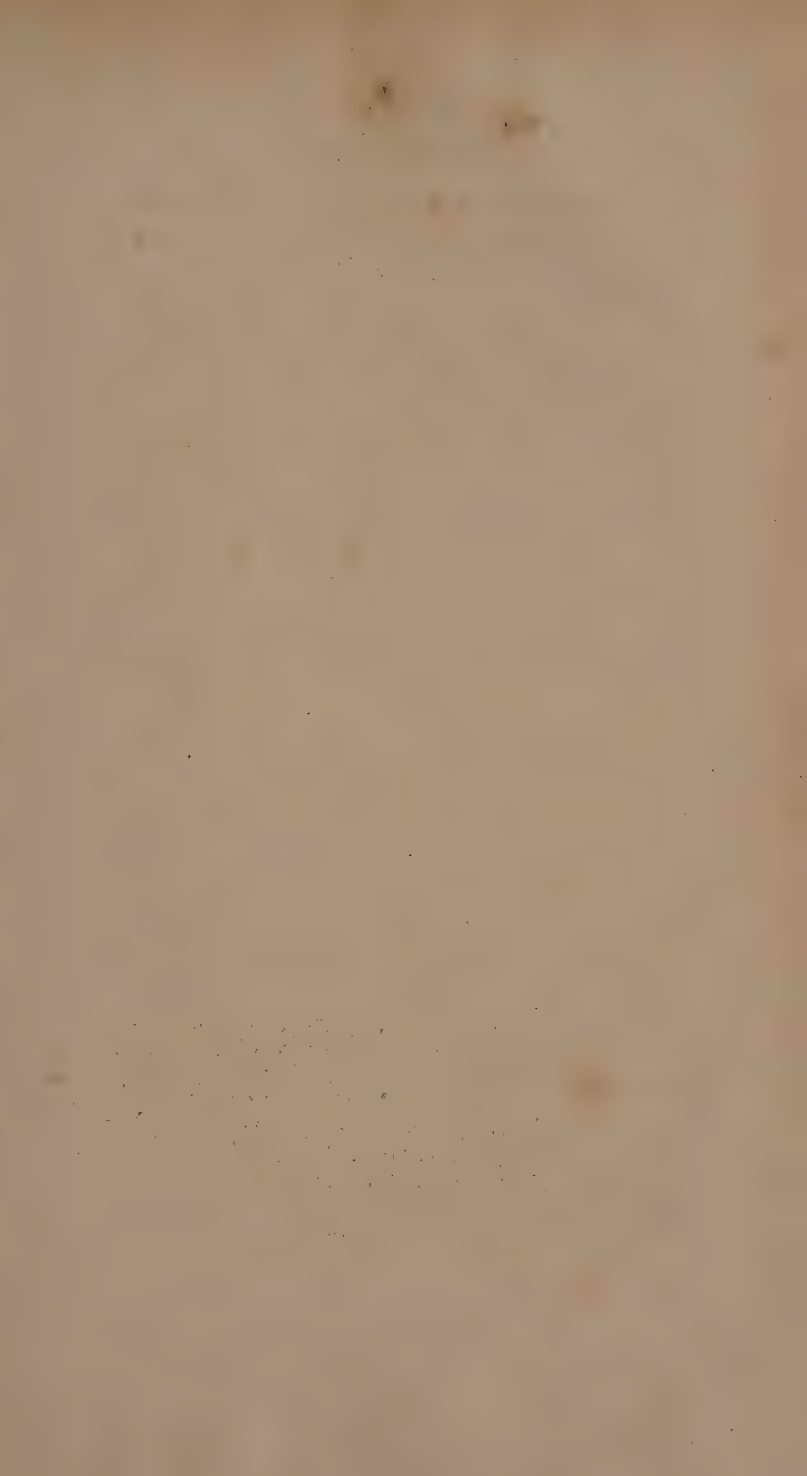
817. EXCITING CAUSES.—Indolent life,—luxury,—violent passions and emotions of the mind;—irritation in the alimentary canal;—suppressed, painful, or excessive menstruation;—disagreeable odours, sights, &c.—repression or metastasis of Chronic Eruptions;—Intermitting Fevers, &c.

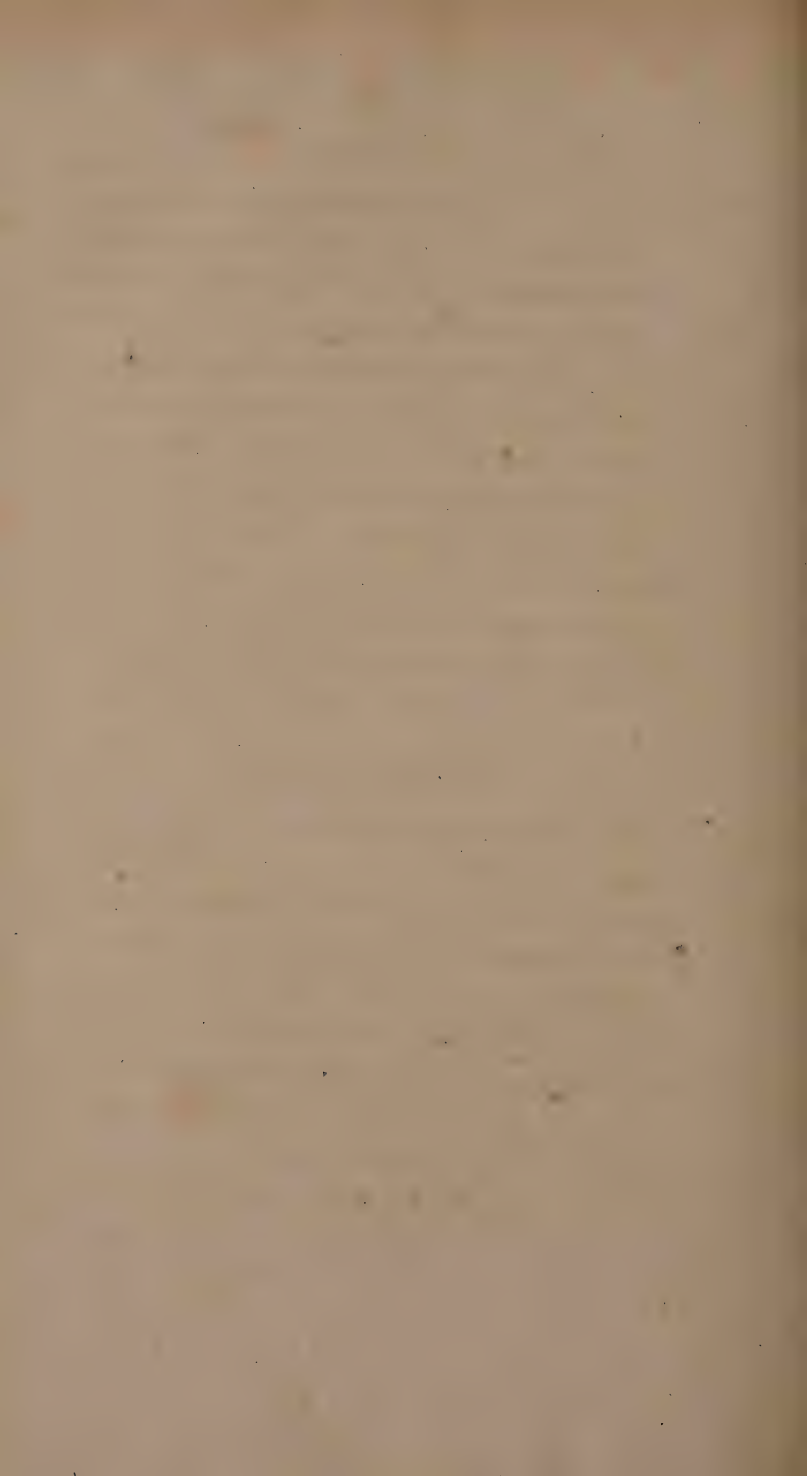
818. DIAGNOSIS—sometimes difficult, from the Proteiform nature of the complaint.—Circumstances serving to distinguish it from Hypochondriasis,—from Epilepsy, &c.

819. PROGNOSIS.—Hysteria rarely fatal in its own form, unless the paroxysm be induced by some very violent cause;—and generally disappears in the decline of life.

820. THE TREATMENT will necessarily differ very much, according to the form or degree of the complaint, the constitution, habit of body, and condition in life of the patient, &c. The indications are—1st, *In the paroxysm*, to check its violence:—2dly, *In the interval*, to ascertain, and endeavour to lessen or remove, the Predisposing and Exciting Causes.

821. The 1st may be done, in plethoric and robust





habits, by Bloodletting,—by nauseating Emetics,—by the application of Cold, by Digitalis;—in others, by Opiates,—by stimulant and antispasmodic remedies, *e. gr.* Ammonia,—Æther,—Camphor,—Castor,—Musk,—Assa-fœtida, &c. Warm Bath,—Pediluvium.

822. The means for effecting the 2d, will be directed by the presence of Plethora, or of Inanition, and a spare or full diet accordingly;—by adverting to, and correcting, the morbid state of individual functions and organs, particularly of the Stomach,—Intestines,—Uterus, &c.;—by regulating the Exercise,—Clothing,—Mind, and Amusements;—and sometimes, when practicable, changing the *sexual condition* of the patient.—By the use of various Metallic and other Tonic Remedies,—Cold Bathing,—&c. to lessen irritability and improve general strength.

OF HYPOCHONDRIASIS.

823. Derivation of the name.—SYN. Spleen,—Vapours,—Low Spirits.

824. CHARACTER.—Unusual anxiety, depression of spirits, and belief of present or dread of future evil, directed particularly to the state of health; always accompanied with symptoms of indigestion, and other marks of bodily disorder; and generally also with various, irregular, and often unaccountable sensations and affections, referred exclusively to the patient's imagination.

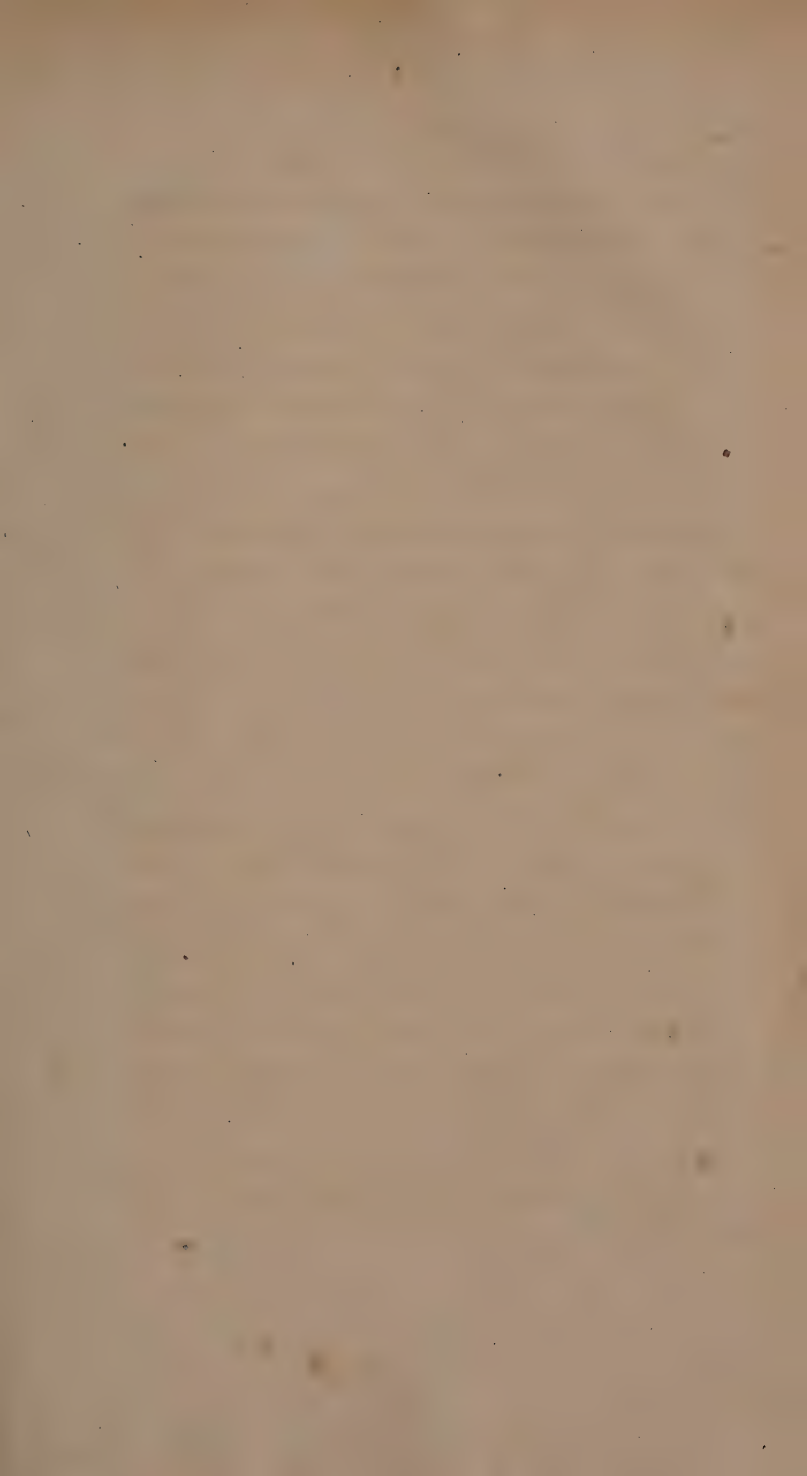
825. Detail of the more common and prominent symptoms, as they affect certain organs and functions, *e. gr.* those of the Stomach, Intestines, Skin, Kidneys,

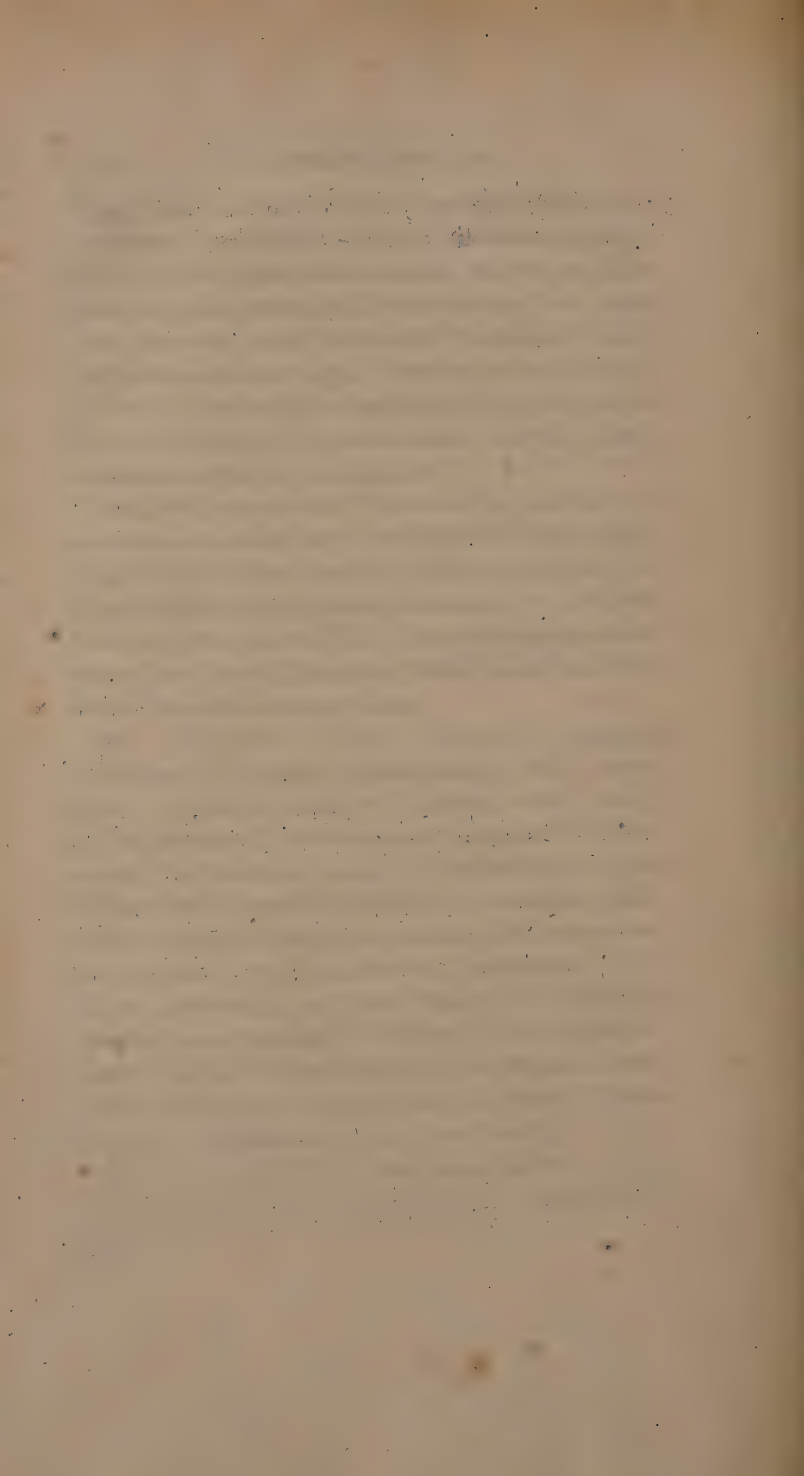
Lungs, &c.;—as they occur in persons of different temperaments,—conditions,—habits of life—and particular idiosyncracies;—and as they assume, on the one hand, the variable, Corporeal, and *Hysterical* form,—or, on the other, the more fixed, Mental, and *Melancholic* one:—with their respective degrees, duration, or recurrence.—Account of some of the more singular and absurd notions entertained by hypochondriacs, and the strange resolutions formed in consequence.

826. PREDISPOSING CAUSE.—A peculiarity of constitution with respect to the Brain and Nerves, generally original,—often hereditary,—and though not always distinguished by external character, yet obviously much more frequent in Males than in Females,—in advanced than in early life,—and in the Melancholic than in the Sanguineous temperament.

827. EXCITING CAUSES. Full diet, especially with regard to eating;—indolent inactive life;—intense study, or anxious pursuit of business;—cold, damp, and variable state of the atmosphere, especially that succeeding the Autumnal Equinox;—Intermitting and Remitting fevers;—atonic, misplaced, or retrocedent Gout;—the stoppage of natural or customary discharges,—or the recession of certain cutaneous affections:—depressing passions, *e. gr.* Grief, Anxiety, and Fear, by whatever cause produced:—Change in the relative capacity of the Arteries and Veins, at a certain period of life. (556)—Enquiry into the reason why this disease is more frequent in England than in any other country.

828. EXPLANATION of the circumstances in which these different causes would appear to concur in inducing—





829. **THE PROXIMATE CAUSE**;—a sluggish and irregular action of the Nervous and Vascular Systems in general, but more especially apparent in the functions of the Alimentary Canal, and in the Sensorial operations of the Brain.—Account of the principal theories of the disease;—and an enquiry into the nature and extensive influence of the *chylopoietic* process;—the striking sympathy, both neuropathic and secretory, existing between the Liver and Brain;—with conclusions drawn from thence,—supported by the concurring testimony of authors respecting certain facts noticed in the history of the disease from the earliest ages,—and corroborated by the superior success of a particular mode of treatment,—all tending to prove,—that **THE PROXIMATE CAUSE OF HYPOCHONDRIASIS, in a curative view, CONSISTS IN A SLUGGISH AND IRREGULAR STATE OF THE HEPATIC FUNCTION.**

830. **DIAGNOSIS.** Difficulty of drawing a precise limit between Hypochondriasis on the one hand, and Dyspepsia, Hysteria, or Melancholia, on the other;—not only from their having several symptoms in common, but from their being often combined together, and sometimes reciprocally passing into each other.—Marks serving to distinguish them, founded on a consideration of the patient's Age,—Sex,—Temperament,—Hereditary Constitution,—and Habits of Life;—the predominance of certain symptoms, as being local or general,—Corporeal or Mental;—and the circumstances under which the case may have been formerly relieved, cured, or converted into some other form.

831. **PROGNOSIS.** This generally favourable in early life, especially in persons rather of the Sanguineous

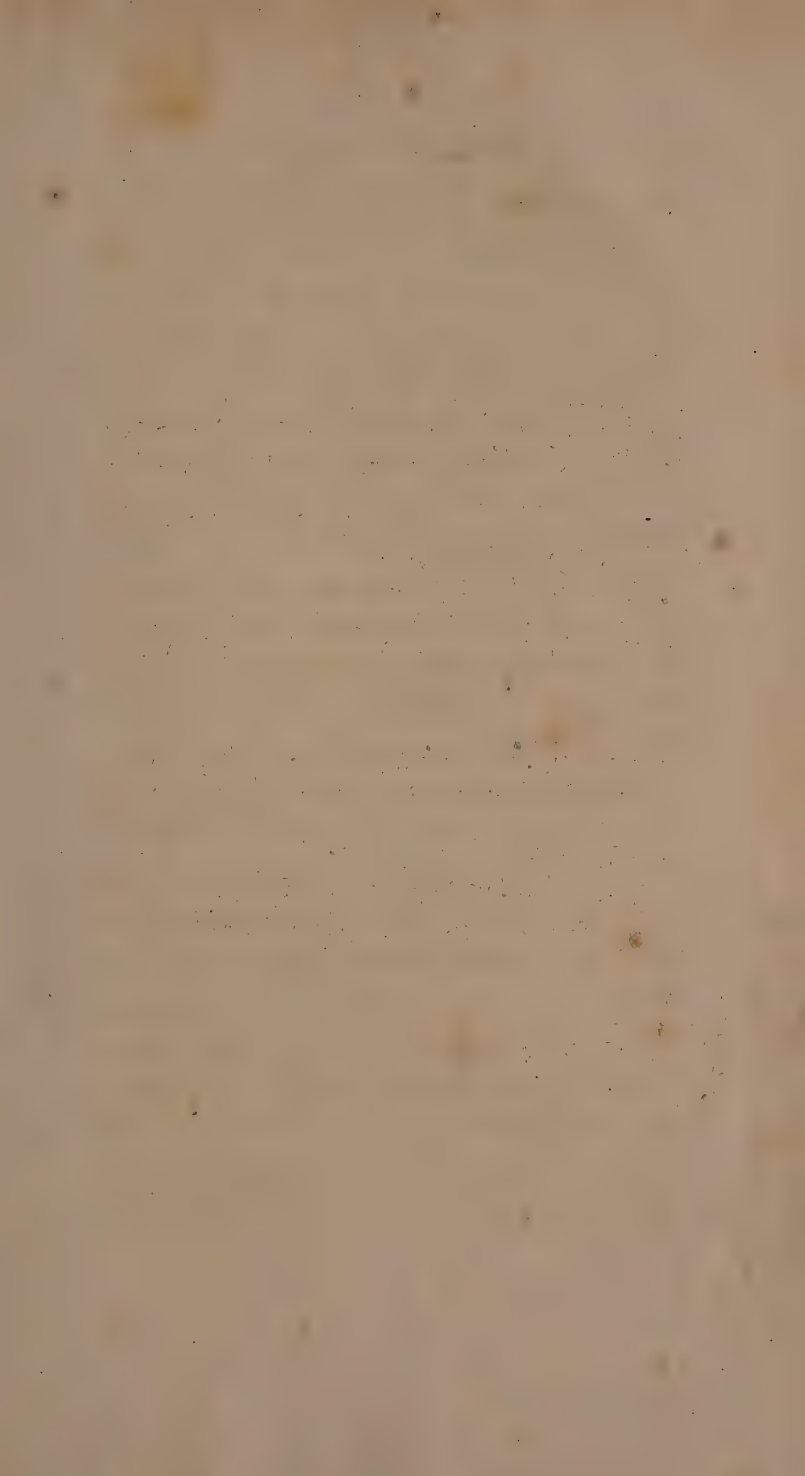
Temperament, and where the disease has clearly arisen from causes operating primarily upon the Chylopoietic organs; but the contrary in advanced age,—in those who are of the Melancholic Temperament,—and where it has either been caused by, or become intimately associated with, strong Mental Impressions.—Occasionally terminates in fixed Melancholia.—Has been frequently removed by other forms of disease supervening,—especially Diarrhœa, Fevers, Jaundice, Dropsy, &c.:—pathological conclusions deducible from this, and serving additionally to illustrate the nature of the proximate cause assigned (829).

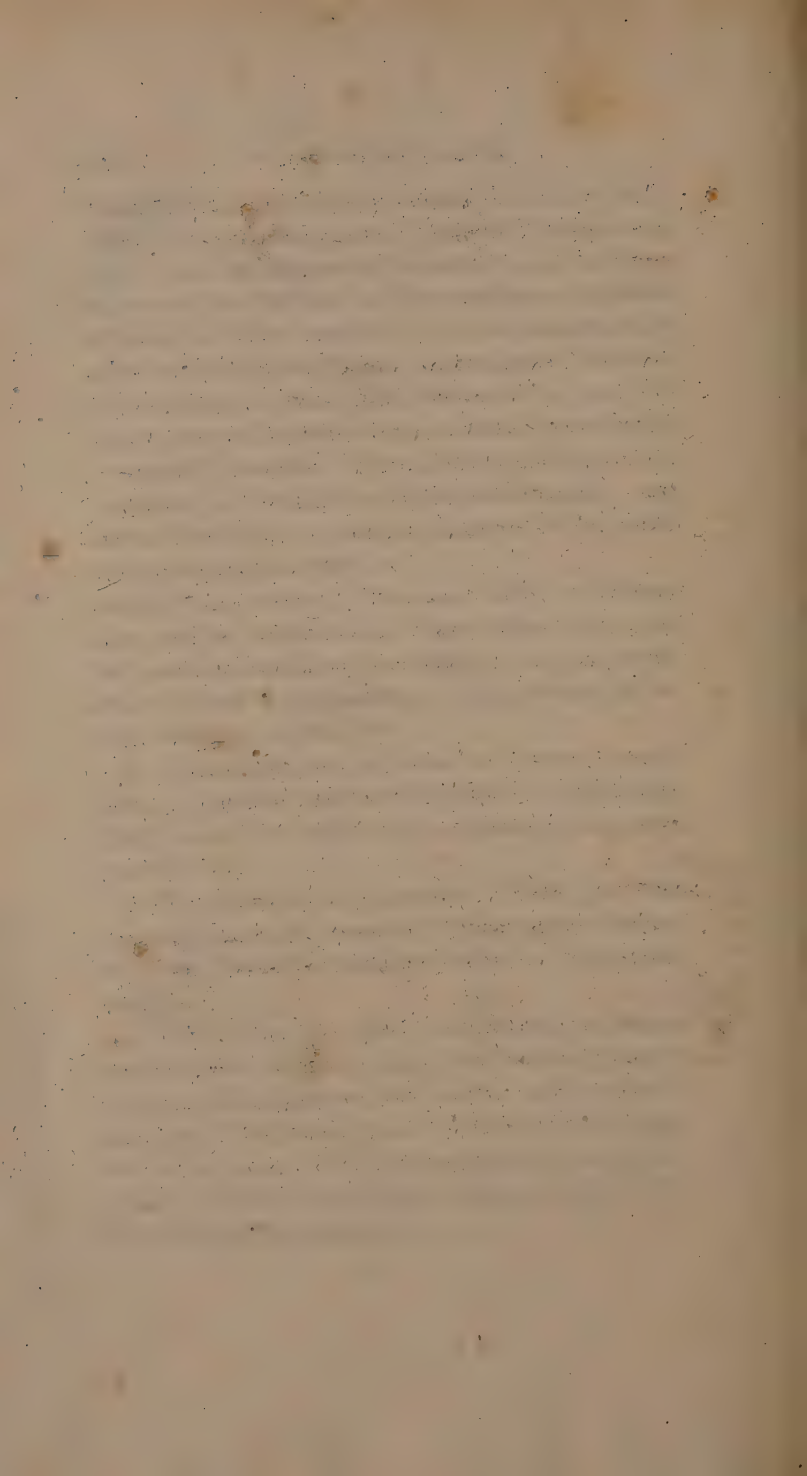
832. TREATMENT. This must differ in different cases, and be directed more or less to the *bodily* or to the *mental* indisposition; accordingly as the one or the other is found to predominate. The principal indications, therefore, will be—

A. To ascertain, and endeavour to correct, the particular dyspeptic or other morbid state of the Alimentary Canal, and of the organs more immediately connected therewith.—

B. To restore to its proper seat or form, any other complaint, upon the removal or spontaneous cessation of which the Hypochondriacal affection had supervened.—

C. To occupy the mind with naturally associated impressions of superior force; and thereby gradually weaken, and finally destroy, the morbid concatenation of ideas which had taken place.—Modes of doing this; with an account of the Amusements,—Exercises,—Clothing,—Diet,—and General Regimen proper for Constitutional Hypochondriacs.





833. For various means of *assisting* in A, according to the particular symptoms present,—see DYSPEPSIA;—but these in general only of temporary use, unless the Hepatic Function be restored to its natural and healthy state: Mode by which alone the degree of its morbid action can be known,—and the Means by which this can most speedily and effectually be removed,—illustrated by cases.—Doubts about the propriety of giving Opiates or Bitters frequently or largely.

834. Means respectively adapted to recal preceding Gouty,—Herpetic,—Hæmorrhoidal, or other complaints,—with a view to fulfil this indication.

THE END.



The eye action ^{is} ~~is~~ of the eye alone, (for as much as our
sight depends upon the exact figure thereof) does, without
growing & increasing, always preserve the same size and form, both
in man & children. "Jam. dis. pag. 237. Phagandum -

them - "No ^{quant.} ~~dim.~~ the opt. nerv. is concerned in the grad. adapt. fast."
of the eye to a degree of light suddenly increased or diminished?
By exor. on the eyes of hat? with fixed irides - e.g. how much
longer are such persons in adapt. their vision to the different
states of light? Hence the class of the eye is the effect -

"There is, in some nocturnal animals, a radiation or shining of the
retina at the bottom of the eye, enabling them to catch their prey in
the dark - This is most remarkable in Cats - "Quar. how can
they enable them to see better, if the object itself of vision be not
illumined by it? "Jam. Vide dis.

